Edgar Filing: STREAMLINE HEALTH SOLUTIONS INC. - Form 4

STREAMLI Form 4 July 05, 2013	NE HEALTH SO 3	LUTION	IS INC.								
FORM	1 /								OMB AF	PROVAL	
	UNITED	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287	
Check th if no long subject to Section 1 Form 4 o	6.	STATEMENT OF CHAN				ICIA	NERSHIP OF	Expires: January 3 200 Estimated average burden hours per response 0			
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Section 17(a) of the Public Utility Holding Compa 30(h) of the Investment Company A						npan	y Act of	1935 or Section		0.0	
(Print or Type I	Responses)										
Schiller Michael A. Symbol			Symbol	er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
SO				IONS IN	C. [STR	M]		(Check an applicable)			
(Month/I				of Earliest Transaction Day/Year) 2013				Director 10% Owner X Officer (give title Other (specify below) Sr. Vice President, Sales			
ለጥ፤ ለእነጥል	(Street)	Filed(Mo			ate Origina r)	ıl		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
ATLANTA	, GA 30309							Person			
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative	Secur	rities Acqu	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactic Code (Instr. 8)	(Instr. 3,	(A) or	d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock \$.01 Par Value	07/01/2013	07/01/20	013	Code V P	Amount 4,731	(D) A	Price \$ 3.1705	5,731	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Schiller Michael A. 1230 PEACHTREE ST. SUITE 1000 ATLANTA, GA 30309			Sr. Vice President, Sales				
Signatures							
Carolyn Zelnio by Power of Attorney		07/02/201	13				
**Signature of Reporting Person		Date					
Evaluation of Responses:							

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.