Edgar Filing: STREAMLINE HEALTH SOLUTIONS INC. - Form 4

STREAMLINE HEALTH SOLUTION Form 4 August 25, 2014	NS INC.							
FORM 4 UNITED STATE		OMB APPROVAL						
UNITED STATE	S SECURITIES AND EXCHANGE C Washington, D.C. 20549	OMMISSION OMB Number: 3235-0287						
Section 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OI SECURITIES							
Form 4 orresponseForm 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,obligationsSection 17(a) of the Public Utility Holding Company Act of 1935 or Sectionmay continue.30(h) of the Investment Company Act of 1940								
(Print or Type Responses)								
1. Name and Address of Reporting Person <u>*</u> Watson Robert Eugene		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last) (First) (Middle) C/O STREAMLINE HEALTH, 1230 PEACHTREE ST. NE, SUITE 600	3. Date of Earliest Transaction (Month/Day/Year) 08/21/2014	_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) President & CEO						
(Street)	Filed(Month/Day/Year) Applicable Line)							
ATLANTA, GA 30309		_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)	Table I - Non-Derivative Securities Acqu	iired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deer Executio any (Month/I	n Date, if Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8) (A) or	5. Amount of Securities6.7. Nature of IndirectBeneficiallyForm: Direct (D)Beneficial OwnershipOwnedDirect (D)Ownership FollowingFollowing Reportedor Indirect (I)(Instr. 4)Transaction(s) (Instr. 3 and 4)(Instr. 4)						
Common Stock \$.01 08/21/2014 Par Value	Code V Amount (D) Price $P_{(1)}^{(1)}$ 10,000 A $\begin{cases} \$ \\ 4.2828 \end{cases}$	205,798 D						

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

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 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	Unde Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne 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			
Watson Robert Eugene C/O STREAMLINE HEALTH 1230 PEACHTREE ST. NE, SUITE 600 ATLANTA, GA 30309	Х		President & CEO				
Signatures							
Jack W. Kennedy Jr., Attorney in Fact	08/25/2014						
**Signature of Reporting Person	Date						
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).

(1) These shares were acquired by the reporting person in a private transaction.

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.