#### Edgar Filing: STREAMLINE HEALTH SOLUTIONS INC. - Form 4

STREAMLI Form 4 May 31, 201	NE HEALTH S	OLUTION	NS INC.									
	_								OMB	APPROVAL		
FORM 4 UNITED STATES SECURITIES A Washington,							N OMB Number:	3235-0287				
Check th if no long subject to Section 1 Form 4 o Form 5	6. Filed pu											
obligation may cont <i>See</i> Instru 1(b).	ns inue. Section 17	(a) of the	and to Section 10(a) of the Sectimes Exchange Act of 1934, of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940									
(Print or Type I	Responses)											
1. Name and Address of Reporting Person <u>*</u> Salisbury Randolph			2. Issuer Name <b>and</b> Ticker or Trading Symbol STREAMLINE HEALTH					5. Relationship of Reporting Person(s) to Issuer				
	SOLUT	TONS IN	C. [STRN	<b>M</b> ]		(Check all applicable)						
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)					Director 10% Owner _XOfficer (give title Other (specify below) below)				
1230 PEAC NE, SUITE	HTREE STREE 600	T	05/26/2	016				· · · · · · · · · · · · · · · · · · ·	hief Marketing	g Officer		
(Street) ATLANTA, GA 30309			4. If Amendment, Date Original Filed(Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> <li>Person</li> </ul>				
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative S	Securi	ties Ac	quired, Disposed	of, or Benefic	ially Owned		
1.Title of Security (Instr. 3)	Title of curity2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if		Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A)				SecuritiesOBeneficiallyHOwnedOFollowingH	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Stock, \$.01 par value	05/26/2016			A <u>(1)</u>	75,000	А	\$0	127,976 <u>(2)</u>	D			
Common Stock, \$.01 par value								55,810	I	Owned in Individual Retirement Account		

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

Persons who respond to the collection of<br/>information contained in this form are not<br/>required to respond unless the formSEC 1474<br/>(9-02)

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# 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
I Service and the service serv	Director	10% Owner	Officer	Other				
Salisbury Randolph 1230 PEACHTREE STREET NE SUITE 600 ATLANTA, GA 30309			SVP & Chief Marketing Officer					
Signatures								
Jack W. Kennedy Jr., Attorney-in-Fact		05/31/2016						
**Signature of Reporting Person		Date						
Evalenction of Door								

### **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) Grant of restricted stock that vests in four equal installments on each of May 26, 2017, 2018, 2019 and 2020.

(2) Includes 75,000 shares of restricted stock that vest in four equal installments on each of May 26, 2017, 2018, 2019 and 2020.

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.