Edgar Filing: STREAMLINE HEALTH SOLUTIONS INC. - Form 4

STREAMLI Form 4 June 09, 200	NE HEALTH	SOLUTIO	NS INC.								
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB AF OMB Number:	PROVAL 3235-0287			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). StateMent of CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940								Expires:January 31, 2005Estimated average burden hours per response0.5			
(Print or Type]	Responses)										
			2. Issuer Name and Ticker or Trading Symbol STREAMLINE HEALTH SOLUTIONS INC. [STRM]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) 7315 CHAF	(First) RTER CUP LA	(Middle)	3. Date of Earliest T (Month/Day/Year) 06/05/2008	ransaction			Director X Officer (give below) 		Owner r (specify		
			4. If Amendment, D Filed(Month/Day/Yea	If Amendment, Date Original led(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
(City)	(State)	(Zip)			a		Person				
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	Date 2A. Deen ar) Executio any	med 3. on Date, if Transacti Code Day/Year) (Instr. 8)	4. Securi or(A) or Di (Instr. 3, Amount	ties Ad sposed	cquired d of (D)	iired, Disposed of 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		
Common Stock \$.01 Par Value	06/05/2008		Р	6,871	А	\$ 2.1023	6,871	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. Transacti Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3,	Expiration Date (Month/Day/Year)		Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	4, and 5) (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			
Winzenread Gary M 7315 CHARTER CUP LANE WEST CHESTER, OH 45069			Vice President				
Signatures							

Donald Vick, by power 06/09/2008 of atty.

**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).

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.