Edgar Filing: Watson Robert Eugene - Form 4

Watson Robe	rt Eugene									
Form 4										
April 24, 201	3									
FORM	4	GEGUD			HANGE	COMMISSION		PPROVAL		
		ITIES AF hington, l	OMB Number:	3235-0287						
Check this box if no longer					Expires:	January 31, 2005				
subject to Section 16	51A1E M 5.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								
Form 4 or Form 5	Filed pure	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						response	. 0.5	
obligations may continue.Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 1(b).							on			
(Print or Type R	esponses)									
1. Name and Address of Reporting Person <u>*</u> Watson Robert Eugene			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) (First) (Middle) C/O STREAMLINE HEALTH, 1230			3. Date of Earliest Transaction (Month/Day/Year) 04/22/2013				_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) President & CEO			
PEACHTRE	E RD. NE, SUIT	ЪТЕ 1000								
	(Street)		4. If Amendment, Date Original Filed(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 			
ATLANTA,	GA 30309						Person		epotting	
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	ecurities Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		3. Transactio Code (Instr. 8)	4. Securit nAcquired Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
_				Code V	Amount	or (D) Price	Transaction(s) (Instr. 3 and 4)			
Common Stock \$.01 Par Value							193,048	D		
Reminder: Repo	ort on a separate line	for each cl	ass of secur	ities benefic	vially owne	ed 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	TransactionNumber ExpirationCode of (Month		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of 8 Underlying Securities 1 (Instr. 3 and 4) S (
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option	\$ 6.9					05/22/2013 <u>(1)</u>	04/21/2023	Common Stock \$.01 Par Value	100,000	

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Watson Robert Eugene C/O STREAMLINE HEALTH 1230 PEACHTREE RD. NE, SUITE 1000 ATLANTA, GA 30309	Х		President & CEO			
Signatures						
Stephen H. Murdock, by Power of Attorney	04/2	24/2013				
**Signature of Reporting Person	1	Date				
Evenlay attack of Deersen						

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) The options shall vest and become exercisable in thirty-six equal monthly installments, commencing on the first month after the grant date, during the next three years of continuous employment by the Company.

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.

2

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