

STREAMLINE HEALTH SOLUTIONS INC.
 Form 3
 April 04, 2014

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Salisbury Randolph		(Month/Day/Year)	STREAMLINE HEALTH SOLUTIONS INC. [STRM]	
(Last)	(First)	(Middle)	03/27/2014	
1230 PEACHTREE STREET				
NE,Â SUITE 1000		(Check all applicable)		
(Street)		<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) SVP & Chief Marketing Officer		
ATLANTA,Â GAÂ 30309		4. Relationship of Reporting Person(s) to Issuer		
(City)	(State)	(Zip)	5. If Amendment, Date Original Filed(Month/Day/Year)	
		6. Individual or Joint/Group Filing(Check Applicable Line)		
		<input checked="" type="checkbox"/> Form filed by One Reporting Person		
		<input type="checkbox"/> Form filed by More than One Reporting Person		

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
------------------------------------	--	---	--

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

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable Expiration Date	Title Amount or Number of Shares			

(Instr. 5)

			Common Stock, \$.01 per share par value				
Stock Option	Â (1)	09/14/2022		30,000	\$ 4	I	See footnotes (2)
Stock Option	Â (3)	02/02/2024	Common Stock, \$.01 per share par value	125,000	\$ 6.14	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Salisbury Randolph 1230 PEACHTREE STREET NE SUITE 1000 ATLANTA, GA 30309	Â	Â	Â SVP & Chief Marketing Officer	Â

Signatures

Jack W. Kennedy Jr.,
attorney-in-fact

04/04/2014

**Signature of Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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 Stock Option vests in 36 equal monthly installments beginning on the first month after the grant date of September 15, 2012.

(2) The Stock Option was granted to Mockingbird Partners Consulting Group, LLC ("Mockingbird"), an entity of which Mr. Salisbury is the managing member. All of the equity interests in Mockingbird are owned by Mr. Salisbury and his spouse.

(3) The Stock Option vests in 36 equal monthly installments beginning on the first month after the grant date of February 3, 2014.

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.