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

STREAMLIN Form 4 May 31, 2016	NE HEALTH SO	LUTIONS IN	C.							
FORM	1							OMB AI	PPROVAL	
-	UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB Number:	3235-0287	
Check thi if no long subject to	box STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								January 31, 2005 average	
	Section 16. SECURITIES							burden hours per		
Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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								0.5		
(Print or Type R	esponses)									
KAPLAN MICHAEL K Symbol STREAL			ssuer Name <b>and</b> ool EAMLINE F JUTIONS IN	IEALTH	-	<b>,</b>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			tte of Earliest Tr hth/Day/Year) 25/2016	ansaction			X_ Director 10% Owner Officer (give title Other (specify below) below)			
(Street) 4. If Amer			Amendment, Da	te Original			6. Individual or Joint/Group Filing(Check			
LOS ALTOS	(Month/Day/Year)	-				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
		(Zin)					Person			
(City)	(State) (	(Zip)	Fable I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction(A) or Disposed of			SecuritiesIBeneficially(OwnedI	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock, \$.01 par value	05/25/2016		A <u>(1)</u>	24,193	A	\$0	109,707 <u>(2)</u>	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)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Under Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
reporting officer runner runn of	Director	10% Owner	Officer	Other			
KAPLAN MICHAEL K 220 STATE STREET, SUITE A LOS ALTOS, CA 94022	Х						
Signatures							
Jack W. Kennedy Jr., Attorney in Fact		05/31/2016					
**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) Grant of restricted stock that vests in full on the earlier of (i) May 25, 2017 and (ii) the date of, and immediately prior to, the Company's 2017 annual meeting of stockholders.
- (2) Includes 24,193 shares of restricted stock that vest in full on the earlier of (i) May 25, 2017 and (ii) the date of, and immediately prior to, the Company's 2017 annual meeting of stockholders.

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.