

Gibson Thomas J.  
Form 3/A  
January 10, 2019

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

OMB APPROVAL

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**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 <b>and</b> Ticker or Trading Symbol	
Gibson Thomas J.		(Month/Day/Year)	STREAMLINE HEALTH SOLUTIONS INC. [STRM]	
(Last)	(First)	(Middle)	09/10/2018	
1175 PEACHTREE ST		4. Relationship of Reporting Person(s) to Issuer		
NE, 10TH FLOOR		(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) Chief Financial Officer		
ATLANTA, GA 30361		5. If Amendment, Date Original Filed(Month/Day/Year)		
(City)	(State)	(Zip)	09/13/2018	
1. Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Instr. 4)		6. Individual or Joint/Group Filing(Check Applicable Line)
Common Stock, \$.01 par value		100,000 <sup>(1)</sup>		<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)
Common Stock, \$.01 par value	100,000 <sup>(1)</sup>	D	

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)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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Date Exercisable	Expiration Date	Amount or Number of Shares	or Indirect (I) (Instr. 5)
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## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Gibson Thomas J. 1175 PEACHTREE ST NE 10TH FLOOR ATLANTA, GA 30361	Â	Â	Â Chief Financial Officer	Â

## Signatures

/s/ Thomas J. Gibson                      01/10/2019

\_\_Signature of                      Date  
Reporting Person

## 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).  
Represents an inducement award of Restricted Stock granted outside the Streamline Health Solutions, Inc. Amended and Restated 2013 (1) Stock Incentive Plan to the Reporting Person on September 10, 2018, which vests, assuming continued employment, in three substantially equal installments on September 10, 2019, September 10, 2020, and September 10, 2021.

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.