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

STREAMLINI Form 4 April 09, 2007		OLUTION	IS INC.								
·							OMB APPROVAL				
FORM	UNITEL	Washi				TIES AND EXCHANGE COMMIS ington, D.C. 20549				3235-0287	
Check this b if no longer subject to Section 16. Form 4 or	STATE	MENT O	GES IN BENEFICIAL OWNERSHIP OF SECURITIES				Expires: January 3 20 Estimated average burden hours per response				
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											
(Print or Type Res	sponses)										
TURNER ANDREW L Symbol			2. Issuer Name <b>and</b> Ticker or Trading ymbol TREAMLINE HEALTH SOLUTIONS INC. [STRM]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
SOI											
(Last) (First) (Middle) 3. Date of (Month/Da 2801 WESTERN 04/09/20 AVE., PENTHOUSE #2							X_ Director 10% Owner Officer (give title Other (specify below) below)				
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				Applicable Line)	5. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person			
SEATTLE, W	A 98121								Iore than One Re		
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ities Acq	quired, Disposed of	f, or Beneficial	ly Owned	
	2. Transaction Da Month/Day/Yea	r) Execution any		3. Transactic Code (Instr. 8)		ispose	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
	04/09/2007			Р	5,000	A	\$ 4.02	8,000	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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne 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						
	Director	10% Owner	Officer	Other			
TURNER ANDREW L 2801 WESTERN AVE. PENTHOUSE #2 SEATTLE, WA 98121	Х						
Signatures							
Donald Vick, by power of atty.	04/0	09/2007					
**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.