Edgar Filing: STREAMLINE HEALTH SOLUTIONS INC. - Form 4

STREAMLINE HEALTH SOLUTIONS INC.

Form 4

February 03, 2015

FORM 4

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

OMB Number:

Expires:

3235-0287 January 31,

2005

0.5

Check this box if no longer

subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per

OMB APPROVAL

response...

Form 5 obligations

may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Meeks Nicholas

(First)

(Street)

(Middle)

(Last)

(City)

2. Issuer Name and Ticker or Trading

Symbol

STREAMLINE HEALTH

3. Date of Earliest Transaction

SOLUTIONS INC. [STRM]

Director

10% Owner X_ Officer (give title Other (specify

1230 PEACHTREE

STREET, SUITE 600

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Issuer

below)

Applicable Line)

Filed(Month/Day/Year)

(Month/Day/Year)

02/01/2015

X Form filed by One Reporting Person Form filed by More than One Reporting

5. Relationship of Reporting Person(s) to

(Check all applicable)

Chief Financial Officer

ATLANTA, GA 30309

(State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) (Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of 6. Ownership 7. Nature of Securities Form: Direct Indirect Beneficially (D) or Beneficial Ownership Owned Indirect (I) Following (Instr. 4) (Instr. 4)

Reported (A) Transaction(s)

(Instr. 3 and 4)

Code V Amount (D) Price

5,796 D

Common

Stock, \$.01 par value

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

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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)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option	\$ 4.02	02/01/2015		A	50,000	(1)	01/31/2025	Common Stock, \$.01 par value	50,000

Reporting Owners

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

Meeks Nicholas

1230 PEACHTREE STREET SUITE 600

Chief Financial Officer

ATLANTA, GA 30309

Signatures

Jack W. Kennedy Jr., Attorney in Fact

02/03/2015

**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).

The stock options shall vest and become exercisable as follows: One-half of the options shall vest on the one-year anniversary of the grant (1) date, and one-twelfth shall vest on each of the thirteen- through twenty-four-month anniversaries of the grant date, subject to the reporting person's continued employment over the vesting period.

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.

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