

STREAMLINE HEALTH SOLUTIONS INC.

Form SC 13G/A

February 13, 2008

**UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549  
SCHEDULE 13G**

**Under the Securities Exchange Act of 1934  
(Amendment No. 2)\***

Streamline Health Solutions, Inc.

(Name of Issuer)

Common Stock, par value \$.01 per share

(Title of Class of Securities)

86323X106

(CUSIP Number)

December 31, 2007

(Date of Event Which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

Rule 13d-1(b)

Rule 13d-1(c)

Rule 13d-1(d)

\* The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be filed for the purpose of Section 18 of the Securities Exchange Act of 1934 ( Act ) or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

CUSIP No. 86323X106

**1** NAMES OF REPORTING PERSONS

I.R.S. Identification Nos. of above persons (entities only).

Sharon B. Patsy

**2** CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (SEE INSTRUCTIONS)

(a)

(b)

**3** SEC USE ONLY

**4** CITIZENSHIP OR PLACE OF ORGANIZATION

United States of America

**5** SOLE VOTING POWER

NUMBER OF 1,038,800

**6** SHARED VOTING POWER

SHARES BENEFICIALLY OWNED BY -0-

**7** SOLE DISPOSITIVE POWER

EACH REPORTING PERSON 1,038,800

**8** SHARED DISPOSITIVE POWER

WITH: -0-

**9** AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

1,038,800

**10** CHECK IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES (SEE INSTRUCTIONS)

o

**11** PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)

11.2%

**12** TYPE OF REPORTING PERSON (SEE INSTRUCTIONS)

IN

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**Item 1.**

- (a) Name of Issuer: Streamline Health Solutions, Inc.
- (b) Address of Issuer's Principal Executive Offices:  
10200 Alliance Road Suite 200  
Cincinnati, Ohio 45242

**Item 2.**

- (a) Name of Person Filing: Sharon B. Patsy
- (b) Address of Principal Business Office or, if none, Residence:  
5019 Parkview Court  
Centerville, OH 45458

- (a) Citizenship: United States of America

- (b) Title of Class of Securities: Common Stock  
CUSIP Number: 86323X106

**Item 3. Type of Reporting Person.**

Not applicable.

**Item 4. Ownership.**

- (a) Amount of beneficially owned: See Item 9 of cover page.
- (b) Percent of class: See Item 11 of cover page.
- (c) Number of shares as to which the person has:
  - (i) Sole power to vote or to direct the vote: See Item 5 of cover page.
  - (ii) Shared power to vote or to direct the vote: See Item 6 of cover page.
  - (iii) Sole power to dispose or to direct the disposition of: See Item 7 of cover page.
  - (iv) Shared power to dispose or to direct the disposition of: See Item 8 of cover page.

**Item 5. Ownership of Five Percent or Less of a Class**

If this statement is being filed to report the fact that as of the date hereof the reporting person has ceased to be the beneficial owner of more than five percent of the class of securities, check the following o.

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**Item 6. Ownership of More than Five Percent on Behalf of Another Person.**

Not applicable.

**Item 7. Identification and Classification of the Subsidiary Which Acquired the Security Being Reported on By the Parent Holding Company or Control Person.**

Not applicable.

**Item 8. Identification and Classification of Members of the Group**

Not applicable.

**Item 9. Notice of Dissolution of Group**

Not applicable.

**Item 10. Certification**

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect.

**SIGNATURE**

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

/s/ \*

Sharon B. Patsy  
Dated: February 12, 2008

\* By Patricia O. Lowry, Attorney-in-Fact

/s/ Patricia O. Lowry

Patricia O. Lowry  
Dated: February 12, 2008

Power of attorney filed May 10, 2006.