

STREAMLINE HEALTH SOLUTIONS INC.  
Form NT 10-Q  
September 10, 2014

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

**FORM 12b-25**

**NOTIFICATION OF LATE FILING**

(Check one):       Form 10-K       Form 20-F       Form 11-K       Form 10-Q       Form 10-D  
                          Form N-SAR       Form N-CSR

For Period Ended:      July 31, 2014  
 Transition Report on Form 10-K  
 Transition Report on Form 20-F  
 Transition Report on Form 11-K  
 Transition Report on Form 10-Q  
 Transition Report on Form N-SAR  
For the Transition Period Ended:

*Read Instructions (on back page) Before Preparing Form. Please Print or Type.*

**Nothing in this form shall be construed to imply that the Commission has verified any information contained herein.**

If the notification relates to a portion of the filing checked above, identify the Item(s) to which the notification relates:

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**PART I   REGISTRANT INFORMATION**

**Streamline Health Solutions, Inc.**  
Full Name of Registrant

Former Name if Applicable

**1230 Peachtree Street, NE, Suite 600**  
Address of Principal Executive Office (*Street and Number*)

**Atlanta, GA 30309**  
City, State and Zip Code

**PART II   RULES 12b-25(b) AND (c)**

## Edgar Filing: STREAMLINE HEALTH SOLUTIONS INC. - Form NT 10-Q

If the subject report could not be filed without unreasonable effort or expense and the registrant seeks relief pursuant to Rule 12b-25(b), the following should be completed. (Check box if appropriate)

- (a) The reason described in reasonable detail in Part III of this form could not be eliminated without unreasonable effort or expense
  - (b) The subject annual report, semi-annual report, transition report on Form 10-K, Form 20-F, Form 11-K, Form N-SAR or Form N-CSR, or portion thereof, will be filed on or before the fifteenth calendar day following the prescribed due date; or the subject quarterly report or transition report on Form 10-Q or subject distribution report on Form 10-D, or portion thereof, will be filed on or before the fifth calendar day following the prescribed due date; and
  - (c) The accountant's statement or other exhibit required by Rule 12b-25(c) has been attached if applicable.
- x

### **PART III NARRATIVE**

State below in reasonable detail why Forms 10-K, 20-F, 11-K, 10-Q, 10-D, N-SAR, N-CSR, or the transition report or portion thereof, could not be filed within the prescribed time period.

Streamline Health Solutions, Inc. (the Company) is unable to file its Quarterly Report on Form 10-Q for the fiscal quarter ended July 31, 2014 (the Quarterly Report) within the prescribed time period because information required for an accurate and full completion of the Quarterly Report, including a response from the Company's lender to the Company's notification that it had violated certain financial covenants in its credit facility at July 31, 2014 and the related financial impact, could not be provided within the prescribed time period without unreasonable effort or expense. The Company expects to file the Quarterly Report as soon as practicable on or before September 15, 2014, which is the first business day after the fifth calendar day following the prescribed due date of the Quarterly Report.

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**PART IV OTHER INFORMATION**

(1) Name and telephone number of person to contact in regard to this notification

Jack W. Kennedy Jr.  
(Name)

404  
(Area Code)

920-2438  
(Telephone Number)

(2) Have all other periodic reports required under Section 13 or 15(d) of the Securities Exchange Act of 1934 or Section 30 of the Investment Company Act of 1940 during the preceding 12 months or for such shorter period that the registrant was required to file such report(s) been filed? If answer is no, identify report(s).

Yes  No

(3) Is it anticipated that any significant change in results of operations from the corresponding period for the last fiscal year will be reflected by the earnings statements to be included in the subject report or portion thereof?

Yes  No

If so, attach an explanation of the anticipated change, both narratively and quantitatively, and, if appropriate, state the reasons why a reasonable estimate of the results cannot be made.

**Streamline Health Solutions, Inc.**

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(Name of Registrant as Specified in Charter)

has caused this notification to be signed on its behalf by the undersigned hereunto duly authorized.

Date September 10, 2014

By /s/ Jack W. Kennedy Jr.  
Jack W. Kennedy Jr., Senior Vice President & Chief Legal  
Counsel

INSTRUCTION: The form may be signed by an executive officer of the registrant or by any other duly authorized representative. The name and title of the person signing the form shall be typed or printed beneath the signature. If the statement is signed on behalf of the registrant by an authorized representative (other than an executive officer), evidence of the representative's authority to sign on behalf of the registrant shall be filed with the form.

**ATTENTION**

**Intentional misstatements or omissions of fact constitute Federal Criminal Violations (See 18 U.S.C. 1001).**

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