Edgar Filing: ALLSCRIPTS HEALTHCARE SOLUTIONS INC - Form 4

ALLSCRIPTS HEALTHCARE SOLUTIONS INC

Form 4

September 08, 2008

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

STATEMENT OF CHANGES IN 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

may continue. See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

222 MERCHANDISE MART

SHAPIRO LEE

2. Issuer Name and Ticker or Trading

Symbol

ALLSCRIPTS HEALTHCARE SOLUTIONS INC [MDRX]

(Last) (First) (Middle) 3. Date of Earliest Transaction

> (Month/Day/Year) 09/04/2008

PLAZA, SUITE 2024

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

3.

Form filed by More than One Reporting Person

4. Securities

CHICAGO, IL 60654

(City) (State) (Zip)

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

Issuer

below)

Director

Applicable Line)

X_ Officer (give title

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

TransactionAcquired (A) or Code Disposed of (D) (Instr. 8)

Code V Amount

(Instr. 3, 4 and 5)

Beneficially Owned Following Reported Transaction(s)

5. Amount of

Securities

(Instr. 3 and 4) Price

Common 09/04/2008 Stock

(D) X \$3 3,333 Α 90,866 (1)

(A)

or

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)

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

President

6. Individual or Joint/Group Filing(Check

X Form filed by One Reporting Person

below)

10% Owner

6. Ownership 7. Nature of

Indirect

Beneficial

Ownership

(Instr. 4)

Form: Direct

(D) or

D

Indirect (I)

(Instr. 4)

Other (specify

Estimated average

burden hours per

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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 conf Derivative 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 Warrant (right to buy)	\$ 3	09/04/2008		X		3,333	03/31/1999	03/31/2009	Common Stock	3,333	

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

SHAPIRO LEE 222 MERCHANDISE MART PLAZA, SUITE 2024 CHICAGO, IL 60654

President

Signatures

Jena Kluska Metropulos for Lee A. Shapiro by Power of Attorney

09/08/2008

Date

**Signature of Reporting Person

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).
- (1) The reporting person underreported his beneficial ownership by 803 shares in prior filings in error. Similar underreporting of all or a portion of such shares was also made on four other Form 4s filed by the reporting person.

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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