Edgar Filing: ALLSCRIPTS-MISYS HEALTHCARE SOLUTIONS, INC. - Form 4

ALLSCRIPTS-MISYS HEALTHCARE SOLUTIONS, INC.

Form 4

November 13, 2008

| FORM | 1 4 | | | | | | | | OMB AF | PPROVAL | |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------|-----------------------------------------------------------------|---------------------------------------------|------------------|-------------------------------------------------------------|------------------|---------------------|--|
| Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 | | |
| Check this box if no longer subject to Section 16. Form 4 or Section 2 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | | VEDCIUD OF | Expires: | January 31, 2005 | |
| | | | | | | | | Estimated average burden hours per response 0. | | | |
| Form 5 obligatio may cont See Instru | sinue. Section 17(| a) of the | Public Ut | | ing Com | pany | Act of | e Act of 1934, 1935 or Section 0 | n | | |
| (Print or Type I | Responses) | | | | | | | | | | |
| | | | 2. Issuer Name and Ticker or Trading Symbol | | | | g | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | ALLSCRIPTS-MISYS HEALTHCARE SOLUTIONS, INC. | | | | | (Check all applicable) | | | |
| | [MDRX] | | | | INC. | _X_ Director | Owner | | | | |
| (Last) (First) (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | Officer (give below) | er (specify | | |
| ONE KING STREET, P | DOM ADDINGTON | | 11/12/20 | 800 | | | | | | | |
| | | | | 4. If Amendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | |
| LONDON, | X0 W2 6BL | | Filed(Mon | th/Day/Year) | | | | Applicable Line) _X_ Form filed by C Form filed by M Person | | | |
| (City) | (State) | (Zip) | Table | - I - Non-D | erivative S | ecurit | ies A <i>c</i> a | uired, Disposed of | . or Reneficiall | ly Owned | |
| 1.Title of | 2. Transaction Date | e 2A Deer | | 3. | 4. Securiti | | | 5. Amount of | 6. Ownership | • | |
| Security (Instr. 3) | (Month/Day/Year) | Day/Year) Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8) | | | Securities Beneficially Owned Following Reported Transaction(s) | Form: Direct (D) or Indirect (I) (Instr. 4) | | | | | |
| | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | |
| Common | 11/12/2008 | | | P | 10 000 | Α | \$ | 10 000 | D | | |

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

11/12/2008

Stock

P

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.

SEC 1474

(9-02)

10,000

D

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

10,000 A

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| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | 6. Date Exerc | cisable and | 7. Title | and | 8. Price of | 9. Nu |
|-------------|-------------|---------------------|--------------------|------------|------------|---------------|-------------|-----------|----------|-------------|--------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transactio | orNumber | Expiration D | ate | Amour | nt of | Derivative | Deriv |
| Security | or Exercise | | any | Code | of | (Month/Day/ | Year) | Underl | ying | Security | Secui |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivative | e | | Securit | ies | (Instr. 5) | Bene |
| | Derivative | | | | Securities | | | (Instr. 3 | 3 and 4) | | Own |
| | Security | | | | Acquired | | | | | | Follo |
| | • | | | | (A) or | | | | | | Repo |
| | | | | | Disposed | | | | | | Trans |
| | | | | | of (D) | | | | | | (Instr |
| | | | | | (Instr. 3, | | | | | | |
| | | | | | 4, and 5) | | | | | | |
| | | | | | | | | | A | | |
| | | | | | | | | | Amount | | |
| | | | | | | Date | Expiration | | or | | |
| | | | | | | Exercisable | Date | | Number | | |
| | | | | | | | | | of | | |
| | | | | Code V | (A) (D) | | | | Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--------------------------------|---------------|-----------|--------------|--|--|--|--|
| · r | Director | 10% Owner | Officer Othe | | | | |
| Cadbury Sir Dominic | | | | | | | |
| ONE KINGDOM STREET | X | | | | | | |
| PADDINGTON | Λ | | | | | | |
| LONDON, X0 W2 6BL | | | | | | | |

Signatures

Jena Metropulos for Sir Dominic Cadbury by Power of Attorney

11/13/2008

**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.

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