ALLSCRIPTS-MISYS HEALTHCARE SOLUTIONS, INC.

Stock

Stock

Stock

Common

Common

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G

G

G

16,983 D

D

D

5,600

4,166

\$0

\$0

1,069,546

1,060,780

\$0 1,064,946

D

D

D

07/10/2008

02/26/2009

05/04/2009

Form 5										
August 31, 2										
FORM	15									PPROVAL
		STATES	S SECURITIES AND EXCHANGE C				E CO	OMMISSION	OMB Number:	3235-0362
Check this no longer s			Washington, D.C. 20549						Expires:	January 31, 2005
I office i of I office			ATEMENT OF CHANGES IN BENE OWNERSHIP OF SECURITIES					FICIAL	Estimated a burden hou response	average rs per
See Instruc 1(b). Form 3 Ho Reported Form 4 Transactio Reported	Filed purs ^{oldings} Section 17(a	a) of the l	Public Ut		g Compa	ny A	ct of 1	Act of 1934, 935 or Section	1	
1. Name and A TULLMAN	ddress of Reporting I GLEN	Person <u>*</u>	Symbol ALLSC	Name and Tick RIPTS-MIS HCARE SC	YS		I: NC.	. Relationship of ssuer (Checl X_Director	k all applicable	
(Last) (First) (Middle)			3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 05/31/2009				ed –	X Officer (give elow)		er (specify
222 MERCH SUITE 2024	HANDISE PLAZ	Е,	05/51/20	009						
	(Street)			ndment, Date (hth/Day/Year)	Original		6	. Individual or Jo	int/Group Rep	orting
			,					(check	x applicable line))
CHICAGO,	IL 60654						_	X_ Form Filed by (Form Filed by M erson		
(City)	(State)	(Zip)	Tabl	e I - Non-Deri	vative Seco	urities	s Acqui	red, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any	ned n Date, if Day/Year)	3. Transaction Code (Instr. 8)	4. Securiti (A) or Dis (D) (Instr. 3, 4)	sposed	l of	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
Common	12/30/2008	Â		G	11,003	D	\$0	1,086,529	D	Â

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Common Stock

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

Persons who respond to the collection of information **SEC 2270** contained in this form are not 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)

										,
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Tit Amou Unde Secur (Instr	int of rlying	8. Price of Derivative Security (Instr. 5)	9. of D B B O E I S F i (I t
					Date Exercisable	Expiration Date	Title	Amount or Number		

(A) (D)

Reporting	Owners

Reporting Owner Name / Address		Relationships							
	Director	10% Owner	Officer	Other					
TULLMAN GLEN 222 MERCHANDISE PLAZE, SUITE 2024 CHICAGO, IL 60654		Â	Chief Executive Officer	Â					
Signatures									
Kathie Kittner for Glen Tullman by Power of Attorney		08/25/2009							
**Signature of Reporting Person		Dat	e						

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 provided 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.

(9-02)

of Shares