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

ALLSCRIPTS Form 4 October 13, 2	S-MISYS HEAL	THCAR	E SOLU	TIONS	5, IP	NC.						
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
	Washington, D.C. 20549							OMB Number:	3235-0287			
Check this box if no longer subject to Section 16. Form 4 or				SECU	Expires:January 31, 2005Estimated average burden hours per response0.5							
Form 5 obligations may continue. See Instruction 1(b). 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												
(Print or Type Re	esponses)											
TULLMAN GLEN Syr				2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS-MISYS					5. Relationship of Reporting Person(s) to Issuer			
	HEALT	HEALTHCARE SOLUTIONS, INC. [MDRX]					(Check all applicable)X_ Director 10% Owner					
(Last) 222 MERCH SUITE 2024	(Month/Da MERCHANDISE PLAZE, 10/08/20				-				X Officer (give title Other (specify below) below) Chief Executive Officer			
	(Street)	Street) 4. If Amendment, Date Original Filed(Month/Day/Year)							 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
CHICAGO, I	IL 60654								Form filed by M Person	fore than One Re	porting	
(City)	(State) ((Zip)	Table	e I - Nor	n-De	erivative S	ecurit	ies Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any	med on Date, if Day/Year)	3. Transa Code (Instr.	8)	4. Securiti n(A) or Dis (D) (Instr. 3, 4 Amount	sposed	of	Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock (1)	10/08/2009(1)			А		65,294	А	\$0	1,126,074	D		

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

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of 2. 3. Transaction Date 3A. Deemed 5. 6. Date Exercisable and 7. Title and 8. Price of 9. Nt 4. Derivative Conversion (Month/Day/Year) Execution Date, if TransactionNumber **Expiration Date** Amount of Derivative Deriv Security or Exercise any Code of (Month/Day/Year) Underlying Security Secu (Instr. 3) Price of (Month/Day/Year) (Instr. 8) Securities (Instr. 5) Derivative Bene (Instr. 3 and 4) Derivative Securities Own Security Acquired Follo (A) or Repo Disposed Trans of (D) (Insti (Instr. 3, 4, and 5) Amount or Date Expiration Title Number Exercisable Date of Code V (A) (D) Shares

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
TULLMAN GLEN 222 MERCHANDISE PLAZE, SUITE 2024 CHICAGO, IL 60654	Х		Chief Executive Officer				
Signatures							
Kathie Kittner for Glen Tullman by power of attorney	10/13/2009						
**Signature of Reporting Person		Date					
Explanation of Responses	S:						

* 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).

Award of Restricted Stock Unit granted under the Allscripts Healthcare Solutions, Inc. 1993 Stock Incentive Plan on July 31, 2009 that

(1) was subject to stockholder approval which approval was obtained on October 8, 2009. The grant vests as to 25% on each of the first four anniversaries of the grant date.

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.