Adams Diane Form 3 November 13, 2009

## FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

**SECURITIES** 

so(n) of the investment cor

(Print or Type Responses) 1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person \* Statement ALLSCRIPTS-MISYS HEALTHCARE SOLUTIONS, Adams Diane (Month/Day/Year) INC. [MDRX] 08/17/2009 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) 222 MERCHANDISE MART (Check all applicable) PLAZA. SUITE 2024 (Street) 6. Individual or Joint/Group Director 10% Owner \_X\_\_ Officer Other Filing(Check Applicable Line) (give title below) (specify below) \_X\_ Form filed by One Reporting Executive VP, Human Resources Person CHICAGO, ILÂ 60654 Form filed by More than One Reporting Person (City) Table I - Non-Derivative Securities Beneficially Owned (State) (Zip) 2. Amount of Securities 4. Nature of Indirect Beneficial 1. Title of Security (Instr. 4) Beneficially Owned Ownership Ownership (Instr. 4) Form: (Instr. 5) Direct (D) or Indirect (I) (Instr. 5) Reminder: Report on a separate line for each class of securities beneficially SEC 1473 (7-02) 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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 4) |  | 2. Date Exercisable and Expiration Date (Month/Day/Year) |                    | 3. Title and Amount of Securities Underlying Derivative Security |                                  | 4. Conversion or Exercise          | 5. Ownership Form of                                 | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |
|--|--|--|--------------------|--|----------------------------------|------------------------------------|--|---|
|  |  | Date<br>Exercisable                                      | Expiration<br>Date | (Instr. 4) Title   | Amount or<br>Number of<br>Shares | Price of<br>Derivative<br>Security | Derivative<br>Security:<br>Direct (D)<br>or Indirect |   |

(I) (Instr. 5)

## **Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |                               |       |  |  |
|--|---------------|-----------|-------------------------------|-------|--|--|
| r  | Director      | 10% Owner | Officer                       | Other |  |  |
| Adams Diane 222 MERCHANDISE MART PLAZA SUITE 2024 CHICAGO Â II Â 60654 | Â             | Â         | Executive VP, Human Resources | Â     |  |  |

## **Signatures**

Kathie Kittner by power of attorney for Diane Adams 11/12/2009

\*\*Signature of Reporting Person

## **Explanation of Responses:**

No securities are beneficially owned

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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.

Date

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