## Edgar Filing: Green Philip D - Form 4

Form 4											
February 03, 2	Λ	) STATES	SECUR	ITIES AI	ND EXC	CHAN	NGE (	COMMISSION		PPROVAL	
<i></i>				hington,					Number:	3235-0287	
Section 16. Form 4 or Form 5 Filed pursuant to S			F CHANGES IN BENEFICIAL OWN SECURITIES Section 16(a) of the Securities Exchange Public Utility Holding Company Act of					ge Act of 1934,	Expires: Estimated a burden hou response	irs per	
may contin <i>See</i> Instruct 1(b).	nue. Section 1		of the Inv	•	•	- ·			11		
(Print or Type Re	esponses)										
Green Philip D Sym AL HE			Symbol ALLSCF	ALLSCRIPTS-MISYS HEALTHCARE SOLUTIONS, INC.				5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner			
(Me				3. Date of Earliest Transaction (Month/Day/Year) 01/29/2010				Officer (give titleOther (specify below)			
	(Street) 4. If Amendment, D Filed(Month/Day/Yea				-			<ul><li>6. Individual or Joint/Group Filing(Check</li><li>Applicable Line)</li><li>_X_ Form filed by One Reporting Person</li></ul>			
WASHINGT	ON, DC 2000	5						Form filed by M Person	More than One Re	eporting	
(City)	(State)	(Zip)	Table	le I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any		3. Transactio Code (Instr. 8) Code V	4. Securi nAcquired Disposed (Instr. 3, Amount	l (A) o l of (D	)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock (1)	01/29/2010			А	7,594	А	\$0	124,580	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)

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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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner Officer		Other				
Green Philip D 1301 K STREET, N.W. SUITE 900, EAST TOWER WASHINGTON, DC 20005	Х							
Signatures								
Kathie Kittner, by power of atte Green	02/03/2010							
<u>**</u> Signature of Reporting		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).
- (1) Award of Restricted Stock Unit granted under the Allscripts Healthcare Solutions, Inc. 1993 Stock Incentive Plan. The award was granted on January 29, 2010 ("Grant Date") and vests 100% on the first anniversary 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.