

ALLSCRIPTS-MISYS HEALTHCARE SOLUTIONS, INC.

Form 4

May 06, 2009

**FORM 4**

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549**

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

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 Responses)

1. Name and Address of Reporting Person \*  
DAVIS WILLIAM J

(Last) (First) (Middle)

222 MERCHANDISE MART  
PLAZA, SUITE 2024

(Street)

CHICAGO, IL 60654

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol  
ALLSCRIPTS-MISYS  
HEALTHCARE SOLUTIONS, INC.  
[MDRX]

3. Date of Earliest Transaction  
(Month/Day/Year)  
05/04/2009

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

\_\_\_ Director \_\_\_ 10% Owner  
 Officer (give title below) \_\_\_ Other (specify below)  
Chief Financial Officer

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
\_\_\_ Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|--|
|                                 |                                      |  | Code                           | V   | Amount  | (A) or (D)   | Price                                      |
| Common Stock                    | 05/04/2009                           |  | M <sup>(1)</sup>               |   | 101,816   | A  | \$ 1.7                                     |
|                                 |                                      |  |                                |   |   |  | 442,316                                    |
| Common Stock                    | 05/04/2009                           |  | S <sup>(1)</sup>               |   | 101,816   | D  | \$ 11.85                                   |
|                                 |                                      |  |                                |   |   |  | 340,500                                    |
| Common Stock                    | 05/05/2009                           |  | M <sup>(1)</sup>               |   | 43,184  | A  | \$ 1.7                                     |
|                                 |                                      |  |                                |   |   |  | 383,684                                    |
| Common Stock                    | 05/05/2009                           |  | S <sup>(1)</sup>               |   | 43,184  | D  | \$ 12.04                                   |
|                                 |                                      |  |                                |   |   |  | 340,500                                    |



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declared in connection with the transactions with Misys plc and Misys Healthcare Systems LLC completed on October 10, 2008.

- (2) These transactions were executed in multiple trades at prices ranging from \$ 11.50 to \$12.06. The prices reported reflect the weighted average sale price on the transaction date. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

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.