Edgar Filing: ALLSCRIPTS HEALTHCARE SOLUTIONS INC - Form 4

ALLSCRIPTS HEALTHCARE SOLUTIONS INC

Form 4

November 13, 2006

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

OMB APPROVAL

3235-0287

January 31, Expires:

2005

0.5

Estimated average burden hours per

response...

if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

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 may continue. 30(h) of the Investment Company Act of 1940

See Instruction 1(b).

(Print or Type Responses)

11/08/2006

11/08/2006

Stock

Stock

Common

GOLDSTEIN BERNARD Symbol ALLSC			2. Issuer Name and Ticker or Trading Symbol				ng	5. Relationship of Reporting Person(s) to Issuer			
				LSCRIPTS HEALTHCARE DLUTIONS INC [MDRX]				(Check all applicable)			
(Last)	(First) (N		3. Date of Earliest Transaction				_X_ Director Officer (give		Owner er (specify		
2 MANURSING WAY			(Month/Day/Year) 11/08/2006					below)	below)	ar (specify	
(Street) 4. If			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
		Fi	led(Month/	Day/Year)			Applicable Line) _X_ Form filed by 0	Ona Panorting Da	roon	
RYE, NY 1	0580								More than One Re		
(City)	(State)	(Zip)	Table I	- Non-D	erivative S	Secur	ities Acqı	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	2A. Deemed	1 3.		4. Securit	ies A	equired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution D	*		on(A) or Di		` ′	Securities	Form: Direct		
(Instr. 3)		any		lode	(Instr. 3,	4 and	5)	Beneficially	(D) or	Beneficial	
		(Month/Day	/Year) (I	(nstr. 8)				Owned	Indirect (I)	Ownership	
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
			C	Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	11/08/2006			М	5,000	٨	\$ 2.15	63 028 (1)	D		

5,000

5,000 D

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

M

S

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

D

D

\$ 3.45 63,028 (1)

58,028 (1)

Edgar Filing: ALLSCRIPTS HEALTHCARE SOLUTIONS INC - Form 4

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number conf Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock option (right to buy)	\$ 3.45	11/08/2006		M		5,000	11/02/2005	11/02/2011	Common Stock	5,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
GOLDSTEIN BERNARD 2 MANURSING WAY RYE, NY 10580	X						

Signatures

Gina Nienberg for Bernard Goldstein by Power of Attorney 11/13/2006

**Signature of Reporting Person 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) Amount of securities beneficially owned includes 3,030 shares of unvested restricted stock, granted under the Allscripts Healthcare Solutions, Inc. 1993 Stock Incentive Plan.

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.

Reporting Owners 2