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

ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. Form 4 November 19, 2014 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations 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) 1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading HEWITT JAMES Issuer Symbol ALLSCRIPTS HEALTHCARE (Check all applicable) SOLUTIONS, INC. [MDRX] (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner X_Officer (give title Other (specify (Month/Day/Year) below) below) 222 MERCHANDISE MART 11/19/2014 SVP Development PLAZA, SUITE 2024 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting CHICAGO, IL 60654 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 4. Securities Acquired 1.Title of 2. Transaction Date 2A. Deemed 3. 5. Amount of 6. 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D) Securities Ownership Indirect (Instr. 3) anv Code (Instr. 3, 4 and 5) Beneficially Form: Direct Beneficial (Month/Day/Year) (Instr. 8) Owned Ownership (D) or Indirect (I) (Instr. 4) Following Reported (Instr. 4) (A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price Common 11/19/2014 Ρ 900 A 270,982 D Stock 12.205

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)

Derivative SecurityConversion or Exercise(Month/Day/Year)Execution Date, if anyTransactionNumber CodeExpiration Date (Month/Day/Year)Amount of Underlying SecurityDerivative SecurityDerivative Security(Instr. 3)Price of Derivative(Month/Day/Year)(Instr. 8)Derivative SecuritiesSecurities(Instr. 5)Bene (Instr. 3 and 4)SecuritySecuritySecuritiesAcquired Disposed(Instr. 3 and 4)Own Repo Trans												
Securityor ExerciseanyCodeof(Month/Day/Year)UnderlyingSecuritySecurity(Instr. 3)Price of Derivative(Month/Day/Year)(Instr. 8)Derivative SecuritiesSecurities(Instr. 5)Bene SecuritiesSecuritySecurityAcquired (A) or Disposed of (D) (Instr. 3,Repo Trans of (D) (Instr. 3,	1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	e and	8. Price of	9. Nu
(Instr. 3)Price of Derivative(Month/Day/Year)(Instr. 8)Derivative SecuritiesSecurities(Instr. 5)Bene Own FolloSecurityAcquired (A) or Disposed of (D) (Instr. 3,Own Repo	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
DerivativeSecurities(Instr. 3 and 4)Owned FolloSecurityAcquiredFollo(A) orRepoDisposedTransof (D)(Instr. 3,	Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Underl	lying	Security	Secu
SecurityAcquiredFollo(A) orRepoDisposedTransof (D)(Instr.(Instr. 3,	(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ties	(Instr. 5)	Bene
(A) or Repo Disposed Trans of (D) (Instr (Instr. 3,		Derivative		•		Securities			(Instr.	3 and 4)		Owne
(A) or Repo Disposed Trans of (D) (Instr (Instr. 3,		Security				Acquired				,		Follo
Disposed Trans of (D) (Instr (Instr. 3,		2				-						
of (D) (Instr (Instr. 3,						· · /						Trans
(Instr. 3,						-						(Instr
												(
1, und 5)						· · ·						
						., and 0)						
Amount										Amount		
Date Expiration or							Date	Expiration		or		
² Little Number								-	Title	Number		
Exercisable Date of							Exercisable	Date		of		
Code V (A) (D) Shares					Code V	(A) (D)				Shares		
						,						

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

Reporting Owners

Reporting Owner Name / Address	Relationships							
I Sector and the sector	Director	10% Owner	Officer	Other				
HEWITT JAMES 222 MERCHANDISE MART PLAZA SUITE 2024 CHICAGO, IL 60654			SVP Development					
Signatures								
Holly O'Berry by power of attorney for Hewitt	James	11	/19/2014					
** Signature of Reporting Person			Date					
Explanation of Respon	16061							

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).

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.