

Black Paul
Form 4
June 20, 2012

FORM 4

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

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

OMB APPROVAL

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(Print or Type Responses)

1. Name and Address of Reporting Person *
Black Paul

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

5. Relationship of Reporting Person(s) to
Issuer

(Check all applicable)

(Last) (First) (Middle)

400 WOOD ROAD

(Street)

3. Date of Earliest Transaction
(Month/Day/Year)
06/18/2012

☒ Director ☐ 10% Owner
☐ Officer (give title below) ☐ Other (specify below)

BRAINTREE, MA 02184

(City) (State) (Zip)

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

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 Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price
Common Stock	06/18/2012		A ⁽¹⁾		18,299	A	\$ 0 27,429
Common Stock	06/18/2012		A ⁽²⁾		1,983	A	\$ 0 29,412

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

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(9-02)

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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. Transaction Code (Instr. 8)	5. Number of 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)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficial Owned Following Transaction (Instr. 6)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title or Number of Shares

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Black Paul 400 WOOD ROAD BRAINTREE, MA 02184	X			

Signatures

Kathie Kittner by power of attorney for Paul Black 06/20/2012

 **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).

Restricted stock unit award with vesting that will occur in twelve (12) equal monthly installments, commencing on June 30, 2012. If the Company's 2013 annual meeting of stockholders occurs prior to the time that all restricted stock units subject to the award are vested, the

- (1) restricted stock units which are unvested on the date of such annual meeting of stockholders shall immediately vest and become unrestricted on the date of such annual meeting of stockholders. Distribution of the vested units is deferred pursuant to the Allscripts Healthcare Solutions, Inc. Director Deferred Compensation Plan.

Deferred stock unit award granted in lieu of cash for the one-month period of service prior to the Annual Shareholder meeting on June 15,

- (2) 2012. The total award vests immediately; however, distribution of the vested units is deferred pursuant to the Allscripts Healthcare Solutions, Inc. Director Deferred Compensation Plan.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

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