Edgar Filing: ALLSCRIPTS HEALTHCARE SOLUTIONS INC - Form 4

ALLSCRIPTS HEALTHCARE SOLUTIONS INC

Form 4

August 02, 2005

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

(Print or Type Responses)

1. Name and Address of Reporting Person *

Thierer Mark

(Last)

1. Title of

Security

(Instr. 3)

Common

Stock

(First) (Middle)

222 MERCHANDISE MART. **SUITE 2024**

(Street)

(City) (State) (Zip) 2. Issuer Name and Ticker or Trading

Symbol

ALLSCRIPTS HEALTHCARE SOLUTIONS INC [MDRX]

(Month/Day/Year) 12/02/2004

4. If Amendment, Date Original

Filed(Month/Day/Year)

3. Date of Earliest Transaction

6. Individual or Joint/Group Filing(Check

Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting

5. Amount of

Securities

Owned

Beneficially

Following Reported

Transaction(s)

(Instr. 3 and 4)

Issuer

below)

Director

X_ Officer (give title

CHICAGO, IL 60654

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

(A) or

Code V Amount (D) Price

15,600

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 6. Ownership 7. Nature of

> Form: Direct Indirect (D) or Indirect (I) (Instr. 4)

Beneficial Ownership (Instr. 4)

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

President, Phys. Inter. Group

below)

10% Owner

Other (specify

Estimated average

burden hours per

D

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

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.

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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun Underlying Securit (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Stock Option	\$ 10.25	12/02/2004		A	25,000		12/02/2004	12/02/2014	Common Stock	25,0
Stock Option	\$ 10.67	12/31/2004		A	25,000		12/31/2004	12/31/2014	Common Stock	25,0
Stock Option	\$ 15.38	06/15/2005		A	7,500		06/15/2006	06/16/2015	Common Stock	7,5
Stock Option	\$ 7.73	07/29/2005		X		37,500	07/26/2004	07/26/2014	Common Stock	37,5
Stock Option	\$ 7.73	07/29/2005		X		15,584	07/26/2004	07/26/2004	Common Stock	15,5
Stock Option	\$ 7.73	08/01/2005		X		9,416	07/26/2004	07/26/2014	Common Stock	9,4
Stock Option	\$ 10.25	08/01/2005		X		6,250	12/02/2004	12/02/2014	Common Stock	6,2
Stock Option	\$ 10.67	08/01/2005		X		8,334	12/31/2004	12/31/2014	Common Stock	8,3

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		

Thierer Mark

222 MERCHANDISE MART, SUITE 2024 CHICAGO, IL 60654

President, Phys. Inter. Group

Signatures

Gina Nienberg, Power of Attorney 08/02/2005

**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).

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.

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