Trumato Donato Form 4 December 22, 2006

## 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

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(b).

1. Name and Address of Reporting Person \* Trumato Donato

(Last)

Common

Stock (1)

(First) (Middle)

222 MERCHANDISE MART PLAZA, SUITE 2024

(Street)

CHICAGO, IL 60654 (City)

2. Issuer Name and Ticker or Trading

Symbol

ALLSCRIPTS HEALTHCARE SOLUTIONS INC [MDRX]

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

12/21/2006

4. If Amendment, Date Original

Filed(Month/Day/Year)

3.

**OMB APPROVAL** 

OMB Number:

3235-0287

January 31, Expires: 2005

Estimated average burden hours per

response...

0.5

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner X\_ Officer (give title Other (specify

below) below)

Pres., Physicians Interactive

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

(State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

12/21/2006

(Month/Day/Year)

Code (D) (Instr. 8)

Code V

A

Amount

10,000

Transaction(A) or Disposed of (Instr. 3, 4 and 5) (A)

or

Α

Securities Beneficially Owned Following Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Ownership Indirect (I) (Instr. 4) (Instr. 4)

Transaction(s) (Instr. 3 and 4)

(D) Price

\$0

4. Securities Acquired 5. Amount of

10,000

D

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

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SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

### Edgar Filing: Trumato Donato - Form 4

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, |             | ate        | 7. Title and<br>Amount of<br>Underlying<br>Securities<br>(Instr. 3 and 4 |                        | 8. Price of Derivative Security (Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|---------------------------------------|--|-------------|------------|--|------------------------|--|---|
|   |   |   |   |                                       | 4, and 5)  | Date        | Expiration |  | Amount                 |  |   |
|   |   |   |   | Code V                                | / (A) (D)  | Exercisable | Date       | Title  | Number<br>of<br>Shares |  |   |

# **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

Trumato Donato 222 MERCHANDISE MART PLAZA SUITE 2024 CHICAGO, IL 60654

Pres., Physicians Interactive

# **Signatures**

Jena Kluska for Donato Trumato by Power of Attorney 12/22/2006

\*\*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).

Award of Restricted Stock under the Allscripts Healthcare Solutions, Inc. 1993 Stock Incentive Plan. The Award vests 25% on each of the first four anniversaries of the grant date. The Award Agreement provides for accelerated vesting of the Award in the event of a change of control

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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