## Edgar Filing: BASCOMB STUART L - Form 4

BASCOMB Form 4						
May 21, 201			OMB APPROVAL			
FORM	UNITED STAT	ES SECURITIES AND EXCHANGE COMMISSI Washington, D.C. 20549	OMB 3235-0287 Number:			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 1(b).						
(Print or Type l	Responses)					
	Address of Reporting Person S STUART L	Symbol Issuer ALLSCRIPTS HEALTHCARE	5. Relationship of Reporting Person(s) to ssuer (Check all applicable)			
(Last) 222 MERC PLAZA, SU	(First) (Middle) HANDISE MART JITE 2024	3. Date of Earliest Transaction      X_ Director         (Month/Day/Year)      Officer (grad)         05/20/2013       below)	give title 10% Owner Other (specify below)			
	(Street)	Filed(Month/Day/Year) Applicable Line	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
CHICAGO,	, IL 60654		by More than One Reporting			
(City)	(State) (Zip)	Table I - Non-Derivative Securities Acquired, Dispose	d of, or Beneficially Owned			
1.Title of Security (Instr. 3)	2. Transaction Date 2A. I (Month/Day/Year) Exec any (Mor	•	Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)			
Common Stock	05/20/2013	P 3,701 A <sup>\$</sup> 32,000	D			

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)

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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. Transact Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address						
	Director	10% Owner	Officer	Other		
BASCOMB STUART L 222 MERCHANDISE MART PLAZA SUITE 2024 CHICAGO, IL 60654	Х					
Signatures						
Kathie Kittner by power of attorney for	Stuart					
Bascomb		(	)5/21/20	13		
**Signature of Reporting Person			Date			
Explanation of Responses:						

## n or nesponses.

\* 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.