Edgar Filing: ALLSCRIPTS HEALTHCARE SOLUTIONS INC - Form 4

ALLSCRIPTS HEALTHCARE SOLUTIONS INC Form 4 March 03, 2005 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 MCGRAW LAURIE 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) C/O ALLSCRIPTS HEALTHCARE 03/01/2005 Pres., Clinical Sols. Group SOLUTIONS, 222 MERCHANDISE MART PLAZA, STE. 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 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 6. Ownership 7. Nature of Form: Direct Indirect Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of Securities (Instr. 3) Code Beneficially (D) or Beneficial any (D) (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price Common 03/02/2005 X 5.307 5,307 D 3.15 Stock

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

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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. 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 Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option	\$ 2	03/01/2005		Х	13	3,334	08/05/2002	08/05/2012	Common Stock	13,334
Stock Option	\$ 3.15	03/01/2005		Х	12	2,292	01/16/2003	01/16/2012	Common Stock	12,292
Stock Option	\$ 3.15	03/02/2005		Х	32	2,401	01/16/2003	01/16/2012	Common Stock	32,401
Stock Option	\$ 3.15	03/02/2005		Х	5	,307	01/16/2003	01/16/2012	Common Stock	5,307

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Reporting Owners

Reporting Owner Name / Add	Relationships						
r e	Director	10% Owner	Officer	Other			
MCGRAW LAURIE C/O ALLSCRIPTS HEALTHCARE S 222 MERCHANDISE MART PLAZA CHICAGO, IL 60654				Pres., Clinical Sols. Group			
Signatures							
Kathie Kittner, power of attorney	03/03/2005						
**Signature of Reporting Person	Date						

**Signature of Reporting Person

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.