## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB 3235-0287 Number: December 31, Expires: December 31, 2014 Estimated average burden hours per 0.5

OMB APPROVAL

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. Name and SHAPIRO LI		Reporting Person <sup>*</sup>	2. Issuer Name <b>and</b> Ticker or Trading Symbol ALLSCRIPTS-MISYS HEALTHCARE SOLUTIONS, INC. [MDRX]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
2024	(First) IANDISE MA	(Middle) RT PLAZA, SUITE	3. Date of Earliest Transaction (Month/Day/Year) 10/08/2009	Director       10% Owner         X       Officer (give title below)       Other (specify below)         President, COO and Secretary       Secretary				
(Street) CHICAGO (City)	IL (State)	60654 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	<ul> <li>6. Individual or Joint/Group Filing</li> <li>(Check Applicable Line)</li> <li>X Form filed by One Reporting Person</li> <li>Form filed by More than One</li> <li>Reporting Person</li> </ul>				

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	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
			Code	v	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)		
Common Stock <sup>(1)</sup>	10/08/2009 <sup>(1)</sup>		Α		31,341	Α	<b>\$</b> 0	402,021	D			

	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 r Exercise Vrice of Derivative			Number of Derivative		6. Date Exercisable and		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

**Explanation of Responses:** 

1. Award of Restricted Stock Unit granted under the Allscripts Healthcare Solutions, Inc. 1993 Stock Incentive Plan on July 31, 2009 that was subject to shareholder approval which approval was obtained on October 8, 2009. The grant vests as to 25% on each of the first four anniversaries of the grant date.

 Kathie Kittner for Lee

 Shapiro by power of
 10/13

 attorney
 \*\* Signature of Reporting

 Person
 Date

<u>10/13/2009</u>

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

\* 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. 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 Number.