## Edgar Filing: FIFE EUGENE V - Form 4

FIFE EUGEN Form 4	NE V											
July 05, 2011	1											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB AF	OMB APPROVAL		
FURIN	UNITEI	) STATES		ITIES A hington,			NGE C	OMMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations Form 17(a) of the Public Life				GES IN BENEFICIAL OWNE SECURITIES 6(a) of the Securities Exchange A tility Holding Company Act of 1				e Act of 1934,	Expires: Estimated a burden hour response			
may conti <i>See</i> Instru 1(b).	inue.			vestment	•	· ·						
(Print or Type R	Responses)											
FIFE EUGENE V Symbol				r Name <b>and</b> Ticker or Trading RIPTS HEALTHCARE TIONS, INC. [MDRX]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) 3. Date of (Month/D 222 MERCHANDISE MART 07/01/20 PLAZA, SUITE 2024				-				X_ Director10% Owner Officer (give titleOther (specify below)below)				
				ndment, Date Original hth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
CHICAGO,	IL 60654							Form filed by M Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)		r) Execution any	Execution Date, if					Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code V	Amount	(A) or (D)	Price \$	Transaction(s) (Instr. 3 and 4)				
Common Stock	07/01/2011			А	762	A	φ 19.67 ( <u>1)</u>	260,677	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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	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
FIFE EUGENE V 222 MERCHANDISE MART PLAZA SUITE 2024 CHICAGO, IL 60654	Х			
Signatures				
Kathie Kittner by power of attorney for Eugene Fife		07/	05/2011	
**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).

(1) Deferred stock units were issued to the reporting person pursuant to the Allscripts Healthcare Solutions, Inc. Director Deferred Compensation Plan in lieu of retainer fees of \$14,988.54.

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.