FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*  Eaves Corey A.  ———————————————————————————————————						2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS-MISYS HEALTHCARE SOLUTIONS, INC. [ MDRX ]									neck all ap	ionship of Reporting all applicable) Director		10% Owner	
(Last) (First) (Middle) 1180 AVENUE OF THE AMERICAS						3. Date of Earliest Transaction (Month/Day/Year) 02/04/2010										Officer (give title below)		Other (specify below)	
(Street) NEW YO (City)			0036 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Lin	ne) X Form Form	idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day						Execution Date,						ities Acquired (A) d Of (D) (Instr. 3, 4			Secur	icially d	6. Owner Form: Di (D) or Indirect (Instr. 4)	rect	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A)	() or ()	Price	Repo		(msu. 4)		(Instr. 4)
Common Stock <sup>(1)</sup> 02/04/20						010		A		7,517	7	Α	\$0	)	7,517	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 (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)  Amou or Numb of Title Share:		unt	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owne Form Direc or Ind (I) (In 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

## **Explanation of Responses:**

1. Award of Restricted Stock Unit granted under the Allscripts Healthcare Solutions, Inc. 1993 Stock Incentive Plan. The award was granted on February 4, 2010 ("Grant Date") and vests 100% on the first anniversary of the Grant Date

> <u>Kathie Kittner for Cory Eaves</u> <u>02/08/2010</u> by Power of Attorney

\*\* Signature of Reporting Person

Date

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.