

GREENWAY MEDICAL TECHNOLOGIES INC
 Form 4
 November 04, 2013

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549

OMB APPROVAL

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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 OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person *
 Morrison Neal

2. Issuer Name and Ticker or Trading Symbol
 GREENWAY MEDICAL TECHNOLOGIES INC [GWAY]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
 1125 QUEENS ROAD
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)
 11/04/2013

Director 10% Owner
 Officer (give title below) Other (specify below)

CHARLOTTE, NC 28207

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

(City) (State) (Zip)

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 Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)		
				(A) or (D)	Code	V	Amount	(D)	Price

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

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SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any	4. Transaction Code	5. Number of Derivative Securities	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)
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(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 6.92	11/04/2013		D			10,000		<u>(1)</u>	10/18/2020	Common Stock	10,000
Stock Option (right to buy)	\$ 16.25	11/04/2013		D			6,700		<u>(2)</u>	05/30/2022	Common Stock	6,700
Stock Option (right to buy)	\$ 15.28	11/04/2013		D			5,600		<u>(3)</u>	09/14/2022	Common Stock	5,600

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Morrison Neal 1125 QUEENS ROAD CHARLOTTE, NC 28207		X		

Signatures

/s/ Neal Morrison
11/04/2013

__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) This option, which is fully vested, was canceled in the merger in exchange for a cash payment of \$134,300, representing the difference between the exercise price of the option and \$20.35 per share of the underlying Greenway Medical Technologies, Inc. common stock.
- (2) This option, which is fully vested, was canceled in the merger in exchange for a cash payment of \$27,470, representing the difference between the exercise price of the option and \$20.35 per share of the underlying Greenway Medical Technologies, Inc. common stock.
- (3) This option, which is fully vested, was canceled in the merger in exchange for a cash payment of \$28,392, representing the difference between the exercise price of the option and \$20.35 per share of the underlying Greenway Medical Technologies, Inc. common stock.

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.