Edgar Filing: PEAD PHILIP M - Form 4

PEAD PHIL Form 4	IP M										
June 03, 201									OMB AF	PROVAL	
FORM Check thi	is box	Washington, D.C. 20549								3235-0287 January 31,	
if no longer subject to Section 16. Form 4 or				GES IN SECUR		[CIA]	L OWN	NERSHIP OF	Expires: Estimated a burden hour response		
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 1	7(a) of the	Public U		ling Con	ipany	Act of	e Act of 1934, 1935 or Section 0	1		
(Print or Type F	Responses)										
PEAD PHILIP M Symbol ALLSC				er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
				TIONS, INC. [MDRX] (Check all applicable))		
(Last) 222 MERCH MART, SUI		(Middle)	3. Date of (Month/E 06/01/2	-	ansaction			X Director X Officer (give below) Chairn		Owner rr (specify d	
				endment, Date Original onth/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	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Securi	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Execution any		3. Transactio Code (Instr. 8) Code V	4. Securit n(A) or Di (Instr. 3, 4)	sposed	l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	06/01/2011			F <u>(1)</u>	19,478	D	\$ 20.02	259,902	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. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amou Unde Secur	le and unt of rlying rities : 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	⁷ (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
1 0	Director	10% Owner	Officer	Other				
PEAD PHILIP M 222 MERCHANDISE MART SUITE 2024 CHICAGO, IL 60654	Х		Chairman of the Board					
Signatures								
Kathie Kittner by power of atto	orney for 1	Philip						
Pead			06/03/2011					
**Signature of Reporting Pe	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) Stock withheld in payment of tax liability in connection with the vesting of RSAs on June 1, 2011.

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. ize="2">**Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).(1)Vests in increments of 25% on each of the four succeeding anniversaries of the date of grant. 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.