#### Edgar Filing: GREENWAY MEDICAL TECHNOLOGIES INC - Form 4

#### GREENWAY MEDICAL TECHNOLOGIES INC

Form 4

January 14, 2013

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

2005 Estimated average burden hours per response... 0.5

10% Owner

**OMB APPROVAL** 

3235-0287

January 31,

OMB

Number:

Expires:

Form 5 obligations may continue. See Instruction

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(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* Schulenburg Gregory H.

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

**GREENWAY MEDICAL** TECHNOLOGIES INC [GWAY]

(Check all applicable)

(Last)

(First)

(Middle)

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

Other (specify \_X\_\_ Officer (give title \_ below)

100 GREENWAY BOULEVARD

01/10/2013

Executive VP and COO

6. Individual or Joint/Group Filing(Check Applicable Line)

Director

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

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

CARROLLTON, GA 30117

(City)	(State)	Zip) Table	e I - Non-D	erivative S	Securi	ities Acq	quired, Disposed o	of, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5)			d of	Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		
Common Stock	01/10/2013		M	775	A	\$ 4.75	21,880	D	
Common Stock	01/10/2013		M	2,400	A	\$ 4.75	24,280	D	
Common Stock							12,500	I	By IRA

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

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number.

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number conf Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 4.75	01/10/2013		M	775	<u>(1)</u>	07/01/2013	Common Stock	775
Employee Stock Option (right to buy)	\$ 4.75	01/10/2013		M	2,400	<u>(2)</u>	12/01/2013	Common Stock	2,400

# **Reporting Owners**

Reporting Owner Name / Address			Relationships	
	~.	10~ 0	0.00	

Director 10% Owner Officer Other

Deletionship

Schulenburg Gregory H.

100 GREENWAY BOULEVARD Executive VP and COO CARROLLTON, GA 30117

# **Signatures**

/s/ William G. Esslinger, Jr., as attorney-in-fact for Gregory H.
Schulenburg

01/14/2013

\*\*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) The option vested over four years, with 25% vesting on July 1, 2004 and the remainder vesting over three years thereafter in equal monthly installments.

**(2)** 

Reporting Owners 2

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The option vested over four years, with 25% vesting on December 1, 2004 and the remainder vesting over three years thereafter in equal monthly installments.

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.