

GREENWAY MEDICAL TECHNOLOGIES INC  
 Form 3/A  
 February 09, 2012

**FORM 3** UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
 Washington, D.C. 20549

OMB APPROVAL

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**INITIAL STATEMENT OF 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)

<p>1. Name and Address of Reporting Person *</p> <p>Â Pamlco Capital II, L.P.</p> <p>(Last) (First) (Middle)</p> <p>C/O PAMLICO CAPITAL,Â 150              NORTH COLLEGE STREET,              SUITE 2400</p> <p>(Street)</p> <p>CHARLOTTE,Â NCÂ 28202</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>02/01/2012</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>GREENWAY MEDICAL TECHNOLOGIES INC              [GWAY]</p> <p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p>___ Director ___X_ 10% Owner              ___ Officer ___ Other              (give title below) (specify below)</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p> <p>02/01/2012</p> <p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p>___ Form filed by One Reporting Person              _X_ Form filed by More than One Reporting Person</p>
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Title	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Amount or Number of Shares	or Indirect (1) (Instr. 5)	
Employee Stock Option (right to buy)	Â (1)	10/18/2020	Common Stock 10,000 (2) \$ 6.92	I	See footnotes (3)

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Pamlico Capital II, L.P. C/O PAMLICO CAPITAL 150 NORTH COLLEGE STREET, SUITE 2400 CHARLOTTE, NC 28202	Â	Â X	Â	Â
Pamlico Capital GP II LLC C/O PAMLICO CAPITAL 150 NORTH COLLEGE STREET, SUITE 2400 CHARLOTTE, NC 28202	Â	Â X	Â	Â

## Signatures

Pamlico Capital II, L.P., /s/ Kristy  
Burleigh 02/08/2012

\_\_Signature of Reporting Person Date

Pamlico Capital GP II LLC, /s/ Watts  
Hamrick 02/08/2012

\_\_Signature of Reporting Person Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 5(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) All options to purchase shares of common stock are currently exercisable.

(2) This option was omitted from the Reporting Person's original Form 3.

This option was granted to D. Neal Morrison, a director of the Issuer and member of the Reporting Person. Pursuant to certain legal agreements with the Reporting Person, Mr. Morrison is deemed to hold the option for the benefit of the Reporting Person and its affiliates and may exercise the option only upon the direction of the Reporting Person.

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.