FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
haura nar raananaa	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

1. Name and Address of Reporting Person* FIFE EUGENE V (Last) (First) (Middle) 222 MERCHANDISE MART PLAZA						Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX] Date of Earliest Transaction (Month/Day/Year) 12/12/2011									x Direc	licable) tor er (give title	ng Person(s) to Issuer 10% Owner Other (specify below)		wner
SUITE 2 (Street) CHICAC	024 GO IL	. (50654 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									e) <mark>X</mark> Form	I or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting rson			
		Tab	le I - N	lon-Deriv	ative S	Sec	urit	ies Ac	auired.	Dis	posed o	of. OI	Ben	eficia	IIv Owne	ed			
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N					tion y/Year)	on 2A. Deemed Execution Da			3. Transact Code (In	ion	4. Securities Acquired (ADisposed Of (D) (Instr. 3				5. Am	ount of ties cially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount		(A) or (D)	Price	Repor Trans			r. 4)	(Instr. 4)
Common Stock 12/12/20					011	11			M		75,00	00 A		\$7.4	4 33	336,559		D	
Common Stock 12/12/20			011)11			F		30,212	2 ⁽¹⁾ D \$		\$18	7 306,347			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. Transact Code (In 8)	ction of		6. Date Exercisable a Expiration Date (Month/Day/Year)			Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y [Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	o N o	umber					
Stock Option	\$7.4	12/12/2011			M			75,000	04/29/200	8 0	4/29/2013	Comr		5,000	\$7.4	75,000		D	

Explanation of Responses:

1. The Reporting Person delivered shares to the issuer for the payment of the exercise price associated with the exercise of the stock option for 75,000 shares. Such stock option exercise is simultaneously being reported on this Form 4.

Kathie Kittner by power of attorney for Eugene V. Fife

12/14/2011

** 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.