FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIESM

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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. Name and Address of Reporting Person [*]	Requiring	3. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX]				
Olis Dennis	Statement (Month/Day/Year) 02/14/2013	4. Relationship of Reporting Person(s) 5. If Amendment, Date of to Issuer Original Filed (Month/Day/Year)				
(Last) (First) (Middle) 222 MERCHANDISE MART PLAZA, SUITE 2024	_	(Check all applicable) Director 10% Owner Director 10% Owner X Officer (give title below) V Other (specify below) Below) Form filed by One Reporting Person				
(Street) CHICAGO IL 60654	_	SVP of Operations Form filed by More than One Reporting Person				
(City) (State) (Zip)						

Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)	2. Amount of Securities Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)					
Common Stock	163,134 ⁽¹⁾	D						

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4)			Derivative Security (Instr. 4)		Excercise	Form: Direct (D)	Beneficial Ownership		
	Date Exercisable	Expiration Date	Title	Amount or Number of SharesM	Price of Derivative Security	or Indirect (I) (Instr. 5)	(Instr. 5)		

Explanation of Responses:

1. Shares beneficially owned consist of two restricted stock unit awards. The awards vest as to 25% on each of the first four anniversaries of the grant date, November 12, 2012.

Holly O'Berry by power of
attorney for Dennis Olis02/14/2013** Signature of Reporting
PersonDate

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 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).

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.