FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-02								
Estimated average burden								
hours per response:								

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*  COMPTON ROBERT A					ALL	2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS INC [ MDRX ]									neck all ap	tionship of Reporting all applicable) Director Officer (give title below)		Person(s) to Issuer  10% Owner  Other (specif	
						3. Date of Earliest Transaction (Month/Day/Year) 11/02/2006												below)	
(Street) GERMANTOWN TN 38139 (City) (State) (Zip)					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Lir	ne) X Form Form	idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)						Execution [			3. Transact Code (In 8)			rities Acquired ed Of (D) (Instr.			Secur Bene Owne	icially d	6. Owr Form: (D) or Indire	et (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount		A) or D)	Price	Repo Trans	ollowing deported ransaction(s) nstr. 3 and 4)		4)	(111501. 4)
Common Stock 11/02/2						.006		G		25,00	0	D \$0		63,589(1)		]	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 on Date, /Day/Year)	4. Transac Code (Ir 8)		of		6. Date Exercisable ar Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)			8. Price of Derivative Security (Instr. 5)	derivative Securities y Beneficiall	Ownerst Form: Direct (E or Indire (I) (Instr 4)	m: ect (D) Indirect	Beneficial Ownership
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	or Num of Shar	ber					

## Explanation of Responses:

1. Amount of securities beneficially owned includes 6,060 shares of unvested restricted stock granted on January 17, 2006, under the Allscripts Healthcare Solutions, Inc. 1993 Stock Incentive Plan.

Jena Kluska for Robert Compton by Power of Attorney

\*\* Signature of Reporting Person

11/06/2006

Date

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

- $^{\star}$  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.