

OMB APPROVAL	
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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, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

<b>1. Name and Address of Reporting Person *</b> GREEN PHILIP E <hr/> (Last) (First) (Middle) ONE LOGAN SQUARE STE 2615, C/O I TRAX INC <hr/> (Street) PHILADELPHIA PA 19103 <hr/> (City) (State) (Zip)	<b>2. Issuer Name and Ticker or Trading Symbol</b> ALLSCRIPTS HEALTHCARE SOLUTIONS INC [MDRX]	<b>5. Relationship of Reporting Person(s) to Issuer</b> (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)
	<b>3. Date of Earliest Transaction</b> (Month/Day/Year) 01/04/2005	
<b>4. If Amendment, Date of Original Filed</b> (Month/Day/Year)		

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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			
Common Stock	01/04/2005		X		33,166	A	\$ 1.5	98,505	D	
Common Stock	01/04/2005		X		10,833	A	\$ 1.5	109,338	D	
Common Stock	01/04/2005		X		3,333	A	\$ 1.5	112,671	D	
Common Stock	01/04/2005		X		4,800	A	\$ 2.16	117,471	D	
Common Stock	01/04/2005		X		4,273	A	\$ 2.34	121,744	D	
Common Stock	01/04/2005		X		4,166	A	\$ 0.06	125,910	D	
Common Stock	01/04/2005		X		25,000	A	\$ 0.06	150,910	D	
Common Stock	02/23/2005		S		75,000	D	\$ 13.46	75,910	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of 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)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option	\$ 1.5	01/04/2005		X			33,166	01/19/1995	01/19/2005	Common Stock	33,166	\$ 1.5	0	D	
Stock Option	\$ 1.5	01/04/2005		X			10,833	01/19/1995	01/19/2005	Common Stock	10,833	\$ 1.5	0	D	
Stock Option	\$ 1.5	01/04/2005		X			3,333	01/19/1995	01/19/2005	Common Stock	3,333	\$ 1.5	0	D	
Stock Option	\$ 2.16	01/04/2005		X			4,800	08/30/1996	08/30/2006	Common Stock	4,800	\$ 2.16	0	D	
Stock Option	\$ 2.34	01/04/2005		X			4,273	01/17/1997	01/17/2007	Common Stock	4,273	\$ 2.34	0	D	
Stock Option	\$ 0.06	01/04/2005		X			4,166	05/26/1998	05/26/2008	Common Stock	4,166	\$ 0.06	0	D	
Stock Option	\$ 0.06	01/04/2005		X			25,000	12/10/1998	12/10/2008	Common Stock	25,000	\$ 0.06	0	D	

**Explanation of Responses:**

[Kathie Kittner, power of attorney](#)      [02/25/2005](#)  
 \*\* 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.**