FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	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* KLUGER MICHAEL (Last) (First) (Middle) 101 EAST 52ND ST						Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS INC [mdrx] Date of Earliest Transaction (Month/Day/Year) 01/27/2005								Relationship of Report (Check all applicable) X Director Officer (give title below)			10 Ot	to Issuer % Owner ner (specify ow)	
11TH FL (Street)	11TH FL (Street) NEW YORK NY 10022					4. If Amendment, Date of Original Filed (Month/Day/Year)									idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table	e I -	Non-Deriv	ative	Secu	ırities	s Ac	quired	, Dis	sposed o	f, or E	enefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				rear) if	Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			4 and Secui		ficially d	6. Ownersh Form: Dire (D) or Indirect (I)	of Indirect Beneficial Ownership		
									Code	v	Amount	(A) o	Price	Re Tra		wing rted action(s) . 3 and 4)	(Instr. 4)	(Instr. 4)	
Allscripts Healthcare Solutions Inc. common stock 01/27/200)5				S		10,000	D	\$9.9	697	2,9	970,270	I	See note ⁽¹⁾	
Allscripts Healthcare Solutions Inc. common stock 01/28/200)5				S		10,000	D	\$10.0	0.0019		960,270	I	See note ⁽¹⁾		
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)	titve or Exercise or Exercise (Month/Day/Year) Price of Derivative Security Security Date Execution Date, if any (Month/Day/Year)		4. Transa Code (I 8)		nstr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Ye		eate Year) Expiration	Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amount of Security (Ins 3 and 4)				9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct (or Indir (I) (Instr 4)	Beneficial Ownership ect (Instr. 4)			

Explanation of Responses:

1. These securities are held by Liberty Partners Holdings 6, LLC. Liberty Partners, L.P. is the managing member of Liberty Partners Holdings 6, LLC and PEB Associates, Inc. d/b/a Liberty Capital Partners, Inc. is the general partner of Liberty Partners, LP. Reporting person is an officer, director and shareholder of Liberty Capital Partners, Inc. Reporting person disclaims beneficial ownership to the extent it exceeds his pecuniary interest in the securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or any other purpose.

Michael Kluger 01/31/2005

** Signature of Reporting Person Date

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

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.

^{*} 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).