FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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).

Explanation of Responses:

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 [®] IDX INVESTMENT CORP					2. Issuer Name and Ticker or Trading Symbol <u>ALLSCRIPTS HEALTHCARE</u> <u>SOLUTIONS INC</u> [MDRX]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner				
(Last) 40 IDX I	`	(First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/15/2004						Officer (give title Other (spec below) below)				
P.O. BOX 1070				4. lf /	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) BURLIN	IGTON V	T O	5402							2	-	n filed by One n filed by Mor son			
(City)	(S	tate) (Z	ip)												
		Tabl	e I - Non-Deri	vative	Securities Ac	quired,	Dis	posed of,	or Ber	eficial	ly Own	ed	-		
1. Title of Security (Instr. 3) Date (Month/Day/				Execution Date, Year) if any		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3 5)		d Secu		6. Ownership Form: Direct (D) or Indirect (I)			
1					(Month/Day/Year)		ıstr.	5)			Owne		Indirect (I		
							v	5) Amount	(A) or (D)	Price	Owne Follo Repo Trans	d wing) Ownership (Instr. 4)	
Common	Stock		11/15/2			8)				Price \$9.490	Owne Follo Repo Trans (Instr	d wing rted saction(s)	Indirect (I		
Common	Stock	Ta	ble II - Deriva	004 tive Se		8) Code S	v	Amount 53,000 psed of, o	(D) D r Benef	\$9.490	Owner Follo Repo Trans (Instr	d wing rted saction(s) . 3 and 4) 276,538	Îndirect (l (Instr. 4)		

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Code

v (A) (D)

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.

Disposed

of (D) (Instr. 3, 4

Date

Exercisable

and 5)

3 and 4)

Title

Expiration

Date

Amount or Number

Shares

IDX Investment Corporation ** Signature of Reporting Person

of

Reported

Transaction(s) (Instr. 4)

11/15/2004

Date

OMB APPROVAL