FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person [*] KLUGER MICHAEL						2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS INC [mdrx]									(Check all ap X Dire		able)	g Person(s) to 10% C)wner
(Last) 101 EAS	Last) (First) (Middle) 101 EAST 52ND ST				3. Date of Earliest Transaction (Month/Day/Year) 12/13/2004											Officer (g below)	give title	Other below	(specify
11TH FL					4. If Amendment, Date of Original Filed (Month/Day/Year)									Lin	6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) NEW YORK NY 10022																Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(St	ate) (Z	Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) Date (Month/Day/					/Year)	Execution Date,						ies Acquired (A) o Of (D) (Instr. 3, 4 a			nd S E	5. Amoun Securities Beneficia Owned Following	ally	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D) Pri		Price	F 1	Reported Fransacti Instr. 3 a	ion(s)	(1130 - 4)	(1130. 4)
Allscripts Healthcare Solutions Inc. common stock 12/13/20					004	04			S		10,000	I		\$9.9698		3,188,170		Ι	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		vative rities iired r osed) :. 3, 4 5)	6. Date Exercis Expiration Date (Month/Day/Ye		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		str.	8. Pric of Deriva Securi (Instr.	ative Sec ity Ber 5) Ow Fol Rej Tra	Number of rivative curities eneficially vned vllowing sported ansaction(sistr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	or	ount nber ıres					

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. In addition to these securities, reporting person directly owns 101,200 shares of Allscripts Healthcare Solutions, Inc. common stock.

Michael Kluger

** 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.

12/13/2004