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

Name and Address of Reporting Person*     Shute Steve						2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [ MDRX ]									neck all D	iship of Reporti applicable) irector	10%	Owner
(Last) (First) (Middle) 222 MERCHANDISE MART PLAZA						3. Date of Earliest Transaction (Month/Day/Year) 05/30/2012									X	elow)  Executive	belo belo e VP - Sales	r (specify w)
SUITE 2024 (Street)				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting				
CHICAG (City)			0654 <u>Zip)</u>													orm filed by Mo erson	re than One R	eporting
		Table	e I - N	on-Deriv	ative S	ecu	ıritie	s Acq	uired, C	)isp	osed o	f, or	Bene	ficia	lly Ov	vned		
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day						Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired Disposed Of (D) (Instr. and 5)						Se Be Ov	Amount of curities neficially med llowing	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	Re Tra	ported ansaction(s) str. 3 and 4)	(111501.4)	(111501. 4)
Common Stock 05/30/2						2012		<b>A</b> <sup>(1)</sup>		82,042		Α	\$0		181,762	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)	erivative Conversion Date Execution Date ecurity or Exercise (Month/Day/Year) if any			ion Date,	Code (In	ransaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)  Amoun or Numbe of Title Shares		ount	8. Price of Derivati Security (Instr. 5	derivative Securities Beneficially	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership

## **Explanation of Responses:**

1. Award of restricted stock units granted pursuant to the Allscripts Healthcare Solutions, Inc. 2012 Officer Retention Program on May 30, 2012 (the "Grant Date"). The award vests as to 33% on each of the first three anniversaries of the Grant Date.

> Kathie Kittner by power of attorney for Steve Shute

06/01/2012

\*\* 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.