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 ar	ALL	2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX]									heck all a <sub>l</sub> Dire	tionship of Reporting all applicable) Director		10% Owner					
(Last) (First) (Middle) 222 MERCHANDISE MART PLAZA, SUITE 2024						3. Date of Earliest Transaction (Month/Day/Year) 05/30/2012									X	Officer (give title below)  President and		Other (specify below)  1 Secretary	
(Street) CHICAG			0654 Zip)		4. If Ar	4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) X For For	or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting rson			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,			Transaction Disposed Code (Instr. and 5)			rities Acquired (A ed Of (D) (Instr. 3,			Secu Bend Own	nount of rities eficially ed owing	Forr (D) o	rect (I)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(1	A) or D)	Price	Repo	orted saction(s) r. 3 and 4)	(Instr. 4)		(Instr. 4)
Common Stock 05/30					2012				<b>A</b> <sup>(1)</sup>		68,36	58,369 A		\$(	680,726(2)			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	rsion Date (Month/Day/Year)   Execution Date, T if any (Month/Day/Year)   tive ty			5. Num of Derivat Securit Acquir (A) or Dispos of (D) (Instr. : and 5)		ative rities ired sed	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Date Expiration Date Date Date			Amount of Securities Underlying Derivative Security (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: Direct (D) or Indirect I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## 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.
- 2. The beneficial ownership number includes 268 shares obtained through the reporting person's involvement in the Company's Employee Stock Purchase Plan.

<u>Kathie Kittner by power of attorney for Lee Shapiro</u>

06/01/2012

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.