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]									neck a	tionship of Reportin all applicable) Director Officer (give title below)		g Person(s) to I: 10% O Other (below)		wner				
(Last) (First) (Middle) 222 MERCHANDISE MART PLAZA						3. Date of Earliest Transaction (Month/Day/Year) 06/18/2012														
SUITE 2024					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															X	Form fi	iled by One	Reporting	Pers	on
CHICAG	O IL	6	0654													Form filed by More Person		e than One Rep		oorting
(City)	(Sta	ate) (Z	Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					·	Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. and 5)					3, 4 Secur Benef Owner		ially		Indirect (I)		
					Code	v	Amount		(A) or (D)	Price	R	Following Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)				
Common Stock 06/18/2						2012			A ⁽¹⁾		18,29	9	A	\$0		35,595		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)	vative Conversion Date urity or Exercise (Month/Day/Year) if any			ion Date,	Code (Ir	Fransaction 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) Amount or Numbor of Title Shares		ount nber			D. Number of derivative Securities Beneficially Dwned Following Reported Fransaction Instr. 4)	Owners Form: Direct or Indi (I) (Inst 4)	D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

1. Restricted stock unit award with vesting that will occur in twelve (12) equal monthly installments, commencing on June 30, 2012. If the Company's 2013 annual meeting of stockholders occurs prior to the time that all restricted stock units subject to the award are vested, the restricted stock units which are unvested on the date of such annual meeting of stockholders shall immediately vest and become unrestricted on the date of such annual meeting of stockholders. Distribution of the vested units is deferred pursuant to the Allscripts Healthcare Solutions, Inc. Director Deferred Compensation Plan.

Kathie Kittner by power of attorney for Dennis H. Chookaszian

06/20/2012

** 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.