FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-0								
Estimated average burden								
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	Check this box if no longer subject
П	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* IDX INVESTMENT CORP						2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS INC [MDRX]									neck all a Dir	ship of Reporting policable) ector ficer (give title	ng Per X	10% C		
						3. Date of Earliest Transaction (Month/Day/Year) 09/28/2004										low)	below)		` '	
P.O. BOX 1070					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) BURLINGTON VT 05402														Fo	Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate) (Z	Zip)												1 0					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y					/Year) i	Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 5)				nd Sec Ber Ow	amount of urities neficially ned lowing	Form (D) o	ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	ount (A) or Pr		Price	Rep Tra	Reported Transaction(s) (Instr. 3 and 4)		4)	(111341. 4)	
Common Stock 09/28/200					004	04		S		29,000		D :	\$8.59	58 7	7,329,538		D			
		Та	ble I	l - Derivat (e.g., pı				•	,	•	osed of, convertib			,	Owne	ed				
1. Title of Derivative Security (Instr. 3)	tive Conversion or Exercise (Month/Day/Year) 3) Price of Derivative Security Execution Date, if any (Month/Day/Year)		Code (I	saction 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 (Inst. 3 and 4) Amount or Numb of Title Share		str. ount	8. Price of Derivativ Security (Instr. 5)	Beneficially	/ O F (I) (I) (I) (4)	wnership orm: irect (D) r Indirect) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

<u>IDX Investment Corporation</u> <u>09/28/2004</u>

** Signature of Reporting Person Date

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

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.

^{*} 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).