## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

FORM 4

[ ]	Check this box if no longer	OMB APROVAL
	subject to Section 16. Form 4 or	OMB NUMBER: 3235-0287
	Form 5 obligations may continue.	Expires: September 30, 1998
	See Instruction 1(b).	Estimated average burden
		hours per response0.5
ਸ	iled pursuant to Section 16(a) of the Securiti	ies Exchange Act of 1934

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person\*

	Husain	М.	Fazle
	(Last)	(First)	(Middle)
	1221 Avenue of the Ame		
		(Street)	
	New York	NY	10020
	(City)	(State)	(Zip)
2.	Issuer Name and Ticke	≥r or Trading Symbol	
	Allscripts Healthcare	e Solutions, Inc. (MDRX)	
3.	I.R.S. Identificatior	1 Number of Reporting Perso	on, if an entity (Voluntary)
4.		/ear	
	05/01		
5.	If Amendment, Date of	f Original (Month/Day/Year)	
6.	Relationship of Repor	cting Person(s) to Issuer	(Check all applicable)
	X Director		10% Owner
	Officer (give title	e below)	Other (specify below)

7. Individual or Joint/Group Filing (Check Applicable Line)

X Form filed by One Reporting Person

\_ \_ \_ \_

Form filed by More than One Reporting Person

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Table I -- Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

\_\_\_\_\_

1. Title (Inst	of Security r. 3)	<pre>2. Trans- action Date (Month/ Day/</pre>	action Code (Instr.	(A) ( (D) 8) and	or Disposed of (Instr. 3, 4 15) (A) or		or Disposed of (Instr. 3, 4 5) (A) or		<ol> <li>Amount of Securities Beneficially Owned at End of Month (Instr. 3 and 4)</li> </ol>	6. Ownership Form: Direct (D) or In- direct (I) (Instr. 4)	<ol> <li>Nature of Indirect Beneficial Ownership (Instr. 4)</li> </ol>
		Year)	Code \	/ Amount	(D)	Price					
Common Sto	ck	05/01/01	J(1)	18,930	A	0	18,930	D	through participation		
Common Sto	ck						3,954,063	I(1)	through partnerships		

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).

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FORM 4 (continued)

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)	se Price ivative	Fransaction Date (Month/Day/Year)		Transaction Code (Instr. 8)	Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6.	Date Exercis Expiration I (Month/Day/)		
			 	0	Code V	 (A)	(D)		Date Exercisable	Expiration Date	

<ol> <li>Title of Derivative Security (Instr. 3)</li> </ol>	<ol> <li>Title and Amount of Underlying Securities (Instr. 3 and 4)</li> </ol>		<ol> <li>Price of Derivative Security (Instr. 5)</li> </ol>	Number of derivative Securities Beneficially	10.	Ownership Form of Derivative Security:	11.	Nature of Indirect Beneficial Ownership
	Title	Amount or Number of Shares		Owned at End of Month (Instr. 4)		Direct (D) or Indirect (I) (Instr. 4)		(Instr. 4)

Explanation of Responses:

- 1. The Reporting Person received 18,930 shares of Common Stock in a distribution-in-kind from Morgan Stanley Venture Partners III, L.L.C., the general partner (the "General Partner") of Morgan Stanley Venture Partners III, L.P., Morgan Stanley Venture Investors III, L.P., and The Morgan Stanley Venture Partners Entrepreneur Fund, L.P (collectively, the "Funds"). The General Partner had received the shares of Common Stock in distributions-in-kind from the Funds.
- The Reporting Person is a managing member of the General Partner. The Reporting Person disclaims any beneficial ownership of any of the securities owned by the Funds except to the extent of his proportionate

/s/ Debra Abramovitz 06/08/01 \*\*Signature of Reporting Person Date Debra Abramovitz, Attorney-in-Fact for M. Fazle Husain \*\*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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

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## POWER OF ATTORNEY

Know all by these presents, that the undersigned hereby constitutes and appoints Debra Abramovitz, the undersigned's true and lawful attorney-in-fact to:

- execute for an on behalf of the undersigned, in the undersigned's capacity as a director of Allscripts Healthcare Solutions, Inc. (the "Company"), Forms 3, 4, and 5 in accordance with Section 16(a) of the Securities Exchange Act of 1934 and the rules thereunder;
- (2) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such Form 3, 4, or 5 and timely file such form with the United States Securities and Exchange Commission and stock exchange or similar authority; and
- (3) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit to, in the best interest of, or legally required by, the undersigned, it being understood that the documents executed by such attorney-in-fact on behalf of the undersigned pursuant to this Power of Attorney shall be in such form and shall contain such terms and conditions as such attorney-in-fact may approve in such attorney-in-fact's discretion.

The undersigned hereby grants to such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary, or proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as the undersigned might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that such attorney-in-fact, or such attorney-in-fact's substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted. The undersigned acknowledges that the foregoing attorney-in-fact, in serving in such capacity at the request of the undersigned, is not assuming, nor is the Company assuming, any of the undersigned's responsibilities to comply with Section 16 of the Securities Exchange Act of 1934.

This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4, and 5 with respect to the undersigned's holdings of and transactions in securities issued by the Company, unless earlier revoked by the undersigned in a signed writing delivered to the foregoing attorneys-in-fact.

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 8th day of June, 2001.

/s/ M. Fazle Husain Signature M. Fazle Husain -----Print Name