FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
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hours per response:	0.5								
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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*     Michelson Dan						2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [ MDRX ]									heck all a	onship of Reporting Pe all applicable) Director Officer (give title		erson(s) to Issuer  10% Owner  Other (specify	
						3. Date of Earliest Transaction (Month/Day/Year) 05/01/2012										below) below  Chief Marketing Office			
SUITE 2024						4. If Amendment, Date of Original Filed (Month/Day/Year)									. Individual or Joint/Group Filing (Check Applicable ine)				
(Street) CHICAGO IL 60654															Fo	Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(St	ate) (Z	Zip)																
		Tabl	e I - N	on-Deriv	ative S	Secu	ıritie	s Acq	uired, [	Disp	osed o	f, or E	Bene	ficia	lly Ow	ned			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Ac Disposed Of (D) and 5)					Sed Bei Ow	amount of urities neficially ned lowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	Amount	(A (C	() or ()	Price	Rep Tra	oorted nsaction(s) str. 3 and 4)	(111341. 4)		(111501. 4)				
Common	2012			A <sup>(1)</sup>		34,44	0	A	\$(	)	186,949								
Common Stock 05/01/2					2012				A <sup>(2)</sup>		34,44	0	A	\$(	)	221,389			
	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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year		4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			Amount of Securities Underlying Derivative Security (Inst 3 and 4)			8. Price of Derivati Security (Instr. 5)	Beneficially	Owner Form: Direct or Indi (I) (Ins 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Co						v	(A)	(D)	Date Exercisab		expiration Date	Title	or Nun of Sha	nber res					

## Explanation of Responses:

- 1. Award of Restricted Stock Units granted under the Allscripts Healthcare Solutions, Inc. 2011 Stock Incentive Plan on May 1, 2012 (the "Grant Date"). The award vests as to 25% on each of the first four anniversaries of the Grant Date, subject to the achievement of a performance condition for the year ending December 31, 2012.
- 2. Award of Restricted Stock Units granted under the Allscripts Healthcare Solutions, Inc. 2011 Stock Incentive Plan on May 1, 2012 (the "Grant Date"). The award vests as to 25% on each of the first four anniversaries of the Grant Date, subject to the achievement of a performance condition for the year ending December 31, 2013.

Kathie Kittner by power of attorney for Dan Michelson

05/03/2012

\*\* 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.