FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL							
OMB Number:	3235-0287						
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Bond David A			2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS INC [MDRX]	Issu	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 5501 DILL/ (Street)	(First) ARD DRIVE	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/15/2007	×	Officer (give title below) President, SME	10% Owner Other (specify below) Solutions		
(City)	NC (State)	(Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	(Che	dividual or Joint/G eck Applicable Line orm filed by One R orm filed by More t eporting Person) eporting Person		

	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transac Code (Instr. 8)		1	spos	Acquired sed of (D) and 5)	5. Amount of Securities Beneficially Owned	Form: Direct (D)	7. Nature of Indirect Beneficial Ownership			
			Code	V	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)			
Common Stock	02/15/2007		S ⁽¹⁾		5,000	D	\$ 28.3 (2)	46,867 ⁽³⁾	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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Instr. 8)		5. Number of Derivative		6. Date Exercisable and		7. Title and Amount of Underlying		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

- 1. Sale of shares effected pursuant to the Rule 10b5-1 plan established on December 13, 2006.
- 2. On February 15, 2007, there were multiple sales transactions aggregating 5,000 shares at prices ranging from \$28 to \$28.90, resulting in an average sale price of \$28.30.
- 3. Amount of securities beneficially owned includes 24,015 shares which were issued to LaSalle Bank National Association, as escrow agent, pursuant to the Escrow Agreement, dated as of March 2, 2006, by and among the issuer, John P. McConnell, as representative of the shareholders (the "Representative"), and the escrow agent (the "Escrow Agreement"). The 24,015 shares are being held in escrow, subject to forfeiture for a period of time following the merger, to indemnify, hold harmless and reimburse the issuer, among others, for certain losses and expenses as specified in the Agreement of Merger, dated as of January 18, 2006 by and among the issuer, Quattro Merger Sub Corp., A4 Health Systems, Inc. and the Representative

Jena Kluska for David A. Bond by Power of Attorney

02/20/2007

** 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.