FORM 3

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

Washington, D.C. 20549

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## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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*  CHOOKASZIAN DENNIS			. Date of Event Requiring Stater Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [ MDRX ]					
(Last) 222 MERCHA SUITE 2024 (Street) CHICAGO (City)	ANDISE MART	(Middle)	09/16/2010	´ 4.		tionship of Reporting Pers all applicable) Director Officer (give title below)	on(s) to Issu 10% Own Other (spe below)	er 6	Month/Day/Year)  i. Individual or Join Applicable Line)  X Form filed b Person	oate of Original Filed  out/Group Filing (Check  out/Group Filing (Chec
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				1 =	2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		Nature of Indirect Beneficial Ownership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable an Expiration Date (Month/Day/Year)		3. Title and Amount of Secu Underlying Derivative Secu 4)			4. Conversi or	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Exercise Price of Derivativ Security	or Indirect	

Explanation of Responses:

## Remarks:

No securities are beneficially owned.

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Kathie Kittner by power of attorney for Dennis H. Chookaszian

09/23/2010

\*\* Signature of Reporting Person Date

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

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 5 (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.

## POWER OF ATTORNEY

Know all by these presents, that the undersigned hereby constitutes and appoints each of Kathie Kittner, Brad Aaron, Erica Thomas and execute for and on behalf of the undersigned, all reports to be filed by the undersigned pursuant to Section 16(a) of the Securit do and perform any and all acts for and on behalf of the undersigned that may be necessary or desirable to complete and execute at take any other action of any type whatsoever in connection with the foregoing that, in the opinion of such attorney-in-fact, may The powers granted above may be exercised by each such attorney-in-fact on behalf of the undersigned, individually, and on behalf of the undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing when the total power of Attorney shall be effective as of the date set forth below and shall continue in full force and effect until the unders IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 21st day of September, 2010.

Signature: /s/ Dennis H. Chookaszian

Name: Dennis H. Chookaszian

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