FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

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

1. Name and Address of Reporting Person [*] GOLDSTEIN BERNARD				ALL	2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS INC [MDRX]										onship of Reporting all applicable) Director		ng Pe	10% C	Owner	
(Last)	(Fi JRSING WA	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/08/2006										Officer (give title below)			Other below)	(specify	
(Street)			4. lf /	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)						
RYE														X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate) (Zip)																	
4 774 6	<u> </u>		le I - N						cquired,	Dis	-						ed ount of			7. Nature
1. Little of	Security (Ins	str. 3)		Date	Date Execu (Month/Day/Year) if any		2A. Deemed Execution Date, if any (Month/Day/Year)			Transaction Dispose Code (Instr. and 5)			irities Acquired (A) ed Of (D) (Instr. 3,					Fori (D) (Indi	irect (I)	of Indirect Beneficial Ownership
									Code	v	Amour		(A) or (D)	Price	R R	epor ans		(ins	str. 4)	(Instr. 4)
Commor	n Stock			11/08/2006)6			М		5,00	00	Α	\$3.	45	63,028(1)			D	
Commor	mon Stock 11/08/2		2006	106			S		5,000		D	\$24	.38 58		8,028(1)		D			
		Та	able II						uired, Di , option						y Owr	ned				
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)		i. 5. ransaction Nu Code (Instr. of) Action (A Di of (In		mber curities quired or posed D) str. 3, nd 5)	6. Date Exe Expiration (Month/Day		and 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		piration te	Title	or Ni of	umber						
Stock option (right to buy)	\$3.45	11/08/2006			М			5,000	11/02/2005	11	/02/2011	Comm Stoc		,000	\$0		30,000		D	

Explanation of Responses:

1. Amount of securities beneficially owned includes 3,030 shares of unvested restricted stock, granted under the Allscripts Healthcare Solutions, Inc. 1993 Stock Incentive Plan.

Gina Nien	berg for Bernard
Goldstein	by Power of
Attorney	

** 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.

11/13/2006