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

Name and Address of Reporting Person*     DAVIS WILLIAM J						2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [ MDRX ]									heck	tionship of Reporting all applicable) Director Officer (give title		ng Pe	10% C	
(Last) (First) (Middle) 222 MERCHANDISE MART PLAZA, SUITE 2024						3. Date of Earliest Transaction (Month/Day/Year) 03/25/2012									X	below)  Chief Finance			below)	
(Street) CHICAG (City)	O IL		60654 (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)									Form	or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting rson			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transacting Date (Month/Day/				y/Year)	Execution Date,			Transaction Disposed Code (Instr. and 5)			ities Acquired (A			3, 4 Secu Bene Own		rities eficially ed		Ownership m: Direct or irect (I) etr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A (D	) or )	Price		Following Reported Transaction(s) (Instr. 3 and 4)		(1113	.u. <del>4</del> )	(msu. <del>1</del> )
Common Stock 03/25					:012				F <sup>(1)</sup>		3,688	B D \$		\$17	.64 278,839		78,839	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 Date Or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year) Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo	r osed ) r. 3, 4	6. Date Expiration (Month/E	on Da		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)  Amou or Numb of Title		nstr.	8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## Explanation of Responses:

1. Withholding of shares solely to cover withholding tax liabilities in connection with the vesting of RSUs on March 25, 2012.

Kathie Kittner by power of attorney for William Davis

\*\* Signature of Reporting Person

03/27/2012

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.