FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

1. Name and A DAVIS WILLIA		oorting Person [*]	2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) 222 MERCHA 2024	(First) NDISE MART	(Middle) PLAZA, SUITE	3. Date of Earliest Transaction (Month/Day/Year) 03/14/2012	x	Director Officer (give title below) Chief Financia	10% Owner Other (specify below) al Officer		
(Street) CHICAGO (City)	IL (State)	60654 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	(Che X Fo Fo	dividual or Joint/G ck 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)		4. Secur Acquired Dispose (Instr. 3,	d (A) d of	or (D)	5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code	v	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)			
Common Stock	03/14/2012		F ⁽¹⁾		5,817	D	\$ 17.97	256,867	D			
Common Stock	03/14/2012		A ⁽²⁾		25,660	Α	\$ 0	282,527	D			

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	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)	ransaction hth/Day/Year) A. Deemed Execution Date, if any (Month/Day/Year) 4. Transaction Code (Instr. 8)		Deriv Secu Acqu (A) or Dispo of (D) (Instr	Number of Exercisable and Expiration Date Securities (Month/Day/Year) Acquired (A) or Disposed			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of 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. Withholding of shares solely to cover withholding tax liabilities in connection with the vesting of restricted stock units on March 14, 2012 which included the satisfaction of the performance condition defined within the award agreement.

2. Award of Performance-based Restricted Stock Units granted under the Allscripts Healthcare Solutions, Inc. 1993 Stock Incentive Plan on February 25, 2011 (the "Grant Date"). The award vests as to 33 1/3% on the thirteen month anniversary of the Grant Date and each of the following two anniversaries of the Grant Date. Satisfaction of the performance measures related to the year ended December 31, 2011 and as defined in the award agreement were certified by the Compensation Committee of the Board of Directors on March 14, 2012.

 Kathie Kittner by power of attorney for William Davis
 03/19/2012

 ** 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.