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								
Expires:	December 31, 2014								
Estimated average burden									
hours per response	0.5								

1. Name and PEAD PHILIF		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	22 MERCHANDISE MART, SUITE 2024		3. Date of Earliest Transaction (Month/Day/Year) 03/14/2012	X Director 10% Owner Officer (give title below) (specify below)			
(Street) CHICAGO (City)	IL (State)	60654 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One			
				Reporting 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⁾		4,363	D	\$ 17.97	271,427	D		
Common Stock	03/14/2012		A ⁽²⁾		25,660	А	\$ 0	297,087	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 Expiration Date (Month/Day/Year)		able and Amount of on Date 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. 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 Philip Pead

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.