## 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 <sup>*</sup> <u>KLUGER MICHAEL</u>					ALL	2. Issuer Name and Ticker or Trading Symbol <u>ALLSCRIPTS HEALTHCARE</u> <u>SOLUTIONS INC</u> [ mdrx ]								(Check all a X Dir		blicable) stor		Owner
(Last) 101 EAS	(First) (Middle) AST 52ND ST				3. Date of Earliest Transaction (Month/Day/Year) 12/15/2004										belov	er (give title w)	below	r (specify /)
11TH FL					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) NEW YORK NY 10022			2										Х	Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(Sta	ate) (Z	Zip)															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) Date (Month/Day/Ye					Year) E	Execution Date,			3. Transaction Code (Instr. 8) 4. Securiti Disposed 5)						Secur	ficially d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)	<sup>r</sup> Price	e Re		rted action(s) . 3 and 4)	(11541:4)	(1100.4)
Allscripts Healthcare Solutions Inc. common stock 12/15/200					04	4			S		10,000	D	\$10.0	0.0226		68,170	Ι	See note <sup>(1)</sup>
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)	erivative Conversion Date E ecurity or Exercise (Month/Day/Year) i		Exec if any	Deemed ution Date, y th/Day/Year)		ansaction ode (Instr.		umber vative rities uired r osed ) r. 3, 4 5)	Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amour or Numbe		Secu (Inst	vative urity	Beneficially	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	of Shares					

Explanation of Responses:

1. These securities are held by Liberty Partners Holdings 6, LLC. Liberty Partners, L.P. is the managing member of Liberty Partners Holdings 6, LLC and PEB Associates, Inc. d/b/a Liberty Capital Partners, Inc. is the general partner of Liberty Partners, L.P. Reporting person is an officer, director and shareholder of Liberty Capital Partners, Inc. Reporting person disclaims beneficial ownership to the extent it exceeds his pecuniary interest in the securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or any other purpose. In addition to these securities, reporting person idirectly owns 101,200 shares of Allscripts Healthcare Solutions, Inc. common stock.

## Michael Kluger

\*\* Signature of Reporting Person

<u>12/16/2004</u> 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.