FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
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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

(Last)	I. Name and Address of Reporting Person*  KLUGER MICHAEL  (Last) (First) (Middle)  101 EAST 52ND ST						2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS INC [ mdrx ]  3. Date of Earliest Transaction (Month/Day/Year) 12/20/2004								all app	blicable) tor er (give title	1 C	Person(s) to Issuer  10% Owner Other (specify below)		
11TH FL (Street)	11TH FL  Street)  NEW YORK NY 10022						4. If Amendment, Date of Original Filed (Month/Day/Year)									ual or Joint/Group Filing (Check Applicable 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/N					Execution Date,			3. Transac Code (Ir 8)		4. Securitie Disposed ( 5)		4 and Sec Ben Owr			6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price				(Instr. 4)		(Instr. 4)			
Allscripts Healthcare Solutions Inc. common stock						04			S		10,000	D	\$10.3	104 3,		38,170	I		See note <sup>(1)</sup>	
Allscripts Healthcare Solutions Inc. common stock 12/21/20						04			S		10,000	D	\$10.0	0146 3		28,170	I		See note <sup>(1)</sup>	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu	Deemed ution Date, / th/Day/Year)	Code (	saction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expiral (Month)	tion E	Year)  Expiration	Amount of Securities Underlying Derivative Security (Instra 3 and 4)  Amou or Numb of		of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form: Direct or Ind (I) (Ins 4)	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## **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, LP. 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 directly owns 101,200 shares of Allscripts Healthcare Solutions, Inc. common stock.

Michael Kluger 12/22/2004

\*\* 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.