## 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> MCGRAW LAURIE						2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX]									neck all a Di	ship of Reporti applicable) rector	1	0% O	wner
(Last) (First) (Middle) 222 MERCHANDISE MART PLAZA, SUITE 2024					3. Date of Earliest Transaction (Month/Day/Year) 10/28/2010										A be	fficer (give title elow) resident, Ent	b	Other (specil below) prise Solution	
(Street) CHICAGO IL 60654 (City) (State) (Zip)				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Lin	ie) <mark>X</mark> Fo Fo	al or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson			on	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) Date (Month/Day					Execution Date,					ities Acquired (/ d Of (D) (Instr. 3			Sec Bei Ow Fol	Amount of curities neficially ned lowing ported	6. Owners Form: Dir (D) or Indirect (I (Instr. 4)	ect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A (D	) or )	Price	Tra	nsaction(s) str. 3 and 4)			
Common Stock 10/28/20					010	)10			<b>S</b> <sup>(1)</sup>		22,675 D		<b>\$18</b> .	16	288,818	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)	Execution Date,		Code (I	Fransaction Code (Instr. 3)		mber rative rities ired r osed ) :. 3, 4 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) Amoun or Numbro of Title Shares		str. ount	8. Price of Derivati Security (Instr. 5	Beneficially	Owner: Form: Direct or Indi (I) (Insi 4)	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

1. Sale made pursuant to pre-established election procedures solely to cover withholding taxes in connection with the vesting of RSUs on October 28, 2010.

Kathie Kittner for Laurie <u>11/01/2010</u>

McGraw by Power of Attorney

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.