### 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 TULLMAN GL	Address of Rep EN	orting Person <sup>*</sup>	2. Issuer Name <b>and</b> Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS INC [MDRX]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) 222 MERCHA (Street)	(First) NDISE PLAZE,	(Middle) SUITE 2024	3. Date of Earliest Transaction (Month/Day/Year) 02/15/2007	x	Director Officer (give title below) Chief Executive	10% Owner Other (specify below) e Officer		
CHICAGO (City)	IL (State)	60654 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	(Che X Fo Fo	dividual or Joint/Gro ck Applicable Line) rm filed by One Re rm filed by More th eporting Person	porting 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. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership			
			Code	v	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)		
Common Stock	02/15/2007		<b>M</b> <sup>(1)</sup>		167,000	Α	\$ 3.15	481,497	D			
Common Stock	02/15/2007		<b>S</b> <sup>(1)</sup>		167,000	D	\$ 28.3 <sup>(2)</sup>	314,497	D			

# OMB APPROVAL

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nours per response	0.5							

### 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		of Der Sec Acc (A) Dis of (I (Ins	of and Expiration Derivative Date Securities (Month/Day/Year)		Amount of Underlying		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				
Stock Option (right to buy)	\$ 3.15	02/15/2007		м <sup>(1)</sup>			167,000	(3)	01/16/2012	Common Stock	167,000	\$ 0	48,000	D	

#### **Explanation of Responses:**

1. Exercise and sale of shares effected pursuant to the Rule 10b5-1 plan established on December 13, 2006.

2. On February 15, 2007, there were multiple sales transactions aggregating 167,000 shares at prices ranging from \$28 to \$28.90, resulting in an average sale price of \$28.30.

3. Stock option granted on January 16, 2002 ("Grant Date") under the Allscripts Healthcare Solutions, Inc. 1993 Stock Incentive Plan. The stock option vested 33% on January 16, 2003, 33% on January 16, 2004, and 34% on January 16, 2005.

> Jena Kluska for Glen Tullman by Power of 02/20/2007 **Attorney** \*\* Signature of Reporting Date Person

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.