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

Name and Address of Reporting Person*     Shute Steve						2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [ MDRX ]									ck all ap	plicable)	ng Person(s) to	
(Last) 222 MER		3. Date of Earliest Transaction (Month/Day/Year) 05/01/2013									belo	w)	below e VP - Sales	` '				
SUITE 20	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) CHICAGO IL 60654														X	Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(Sta	ate) (Z	Zip)															
		Tabl	e I - N	lon-Deriv	ative S	Secu	ıritie	s Acc	quired,	Dis	posed o	f, or E	ene	ficially	y Own	ed		
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,			Date,	3. Transaction Code (Instr. 8)  4. Securities Acquire Disposed Of (D) (Instance) and 5)						Secur Benef Owne	Amount of ecurities eneficially wned ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) (D)		Price	Repo		(1150. 4)	(30. 4)
Common Stock 05/01/2					013				F <sup>(1)</sup>		4,474	I	)	\$13.82	174,603		D	
Common Stock 05/01/20					013				F <sup>(1)</sup>		3,989	I	)	\$13.82		70,614	D	
		Та	ble II	- Derivat (e.g., pı							sed of, onvertib				Owned	l		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execut if any	3A. Deemed Execution Date, if any (Month/Day/Year)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable a Expiration Date (Month/Day/Year)			d 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		of De Se (Ir	Price erivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	V (A)		(D)	Date Exercisal		Expiration Date	Title	or Num of Shar	ber				

## Explanation of Responses:

1. Withholding of shares solely to cover withholding tax liabilities in connection with the vesting of restricted stock units on May 1, 2013.

Kathie Kittner by power of attorney for Stephen Shute

05/03/2013

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.