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* KLUGER MICHAEL						2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS INC [mdrx]									all app	olicable)	10%	Person(s) to Issuer 10% Owner Other (specify	
(Last) (First) (Middle) 101 EAST 52ND ST					3. Date of Earliest Transaction (Month/Day/Year) 01/07/2005										belov	ν.Ο	belov		
11TH FL					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) NEW YORK NY 10022												X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(Sta		(ip)																
		Tabl	e I -	Non-Deriv	ative S	Secu	ıritie	s Ac	quired	, Dis	sposed o	f, or B	enefic	ially	Owne	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					(ear) if	Execution Date,			Transaction Code (Instr. 8) 4. Securitie Disposed C 5)					4 and Secu		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)	Price		Repo Trans		((
Allscripts Healthcare Solutions Inc. common stock 01/07/200						05			S		7,800	D	\$10.0	0018	3,004,370		I	See note ⁽¹⁾	
	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 ecurity or Exercise (Month/Day/Year) if any			Code (Ir	ransaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable Expiration Date (Month/Day/Year)		and 7. Title and Amount of Securities Underlying Derivative Security (Institute 3 and 4)		Secu (Inst	vative irity	9. Number of 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 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 directly owns 101,200 shares of Allscripts Healthcare Solutions, Inc. common stock.

Michael Kluger 01/10/2005

** 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.