

ALLSCRIPTS HEALTHCARE SOLUTIONS, INC.

Form 4

November 29, 2011

FORM 4

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0287
Expires: January 31, 2015
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 OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
MCGRAW LAURIE

2. Issuer Name and Ticker or Trading Symbol
ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
222 MERCHANDISE MART
PLAZA, SUITE 2024

(Street)

3. Date of Earliest Transaction (Month/Day/Year)
11/28/2011

___ Director ___ 10% Owner
 Officer (give title below) ___ Other (specify below)
Chief Client Officer

CHICAGO, IL 60654

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
___ Form filed by More than One Reporting Person

(City) (State) (Zip)

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. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|---|
| | | | | (A) or (D) | Price | | |
| Common Stock | 11/28/2011 | | M | 31,175 | A \$ 5.09 | 355,252 | D |
| Common Stock | 11/28/2011 | | S | 17,927 | D \$ 19.14 | 337,325 | D |
| Common Stock | 11/28/2011 | | M | 41,567 | A \$ 4.57 | 378,892 | D |
| Common Stock | 11/28/2011 | | S | 23,228 | D \$ 19.14 | 355,664 | D |

| | | | | | | | | |
|--------------|------------|--|---|--------|---|---------------------------|---------|---|
| Common Stock | 11/28/2011 | | M | 20,784 | A | \$ 5.13 | 376,448 | D |
| Common Stock | 11/28/2011 | | S | 11,978 | D | \$ 19.14 <u>(1)</u> | 364,470 | D |

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

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 control number.

SEC 1474
(9-02)

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. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) |
|--|--|--------------------------------------|--|--------------------------------|---|--|---|
| | | | | Code | V (A) (D) | Date Exercisable Expiration Date | Title Amount or Number of Shares |
| Employee Stock Option (right to buy) | \$ 5.09 | 11/28/2011 | | M | 31,175 | 12/30/2006 12/30/2014 | Common Stock 31,175 |
| Employee Stock Option (right to buy) | \$ 4.57 | 11/28/2011 | | M | 41,567 | 04/01/2004 04/01/2014 | Common Stock 41,567 |
| Employee Stock Option (right to buy) | \$ 5.13 | 11/28/2011 | | M | 20,784 | 12/31/2006 12/31/2014 | Common Stock 20,784 |

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other
Chief Client Officer

MCGRAW LAURIE
222 MERCHANDISE MART PLAZA, SUITE 2024
CHICAGO, IL 60654

Signatures

Kathie Kittner by power of attorney for Laurie
McGraw

11/29/2011

__Signature of Reporting Person

Date

Explanation of Responses:

* 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).

Sale made to cover withholding taxes and the option exercise price of the security. This transaction was executed in multiple trades at
(1) prices ranging from \$19.10 to \$19.19. The price reported reflects the average sale price on the transaction date. The reporting person
hereby undertakes

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.
Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays
a currently valid OMB number.