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-MISYS HEALTHCARE SOLUTIONS, INC. [MDRX]									heck a	ionship of Reporting F all applicable) Director		ng Perso	10% Owner		
(Last) AIG ALT	(Fir	st) (M LTH PARTNER	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/29/2010										Officer (give title below)			Other (specify below)		
600 LEXINGTON AVE.						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) NEW YO	RK NY	? 1	0022														n filed by One Reporting Person n filed by More than One Reporting son				
(City)	(St	ate) (Z	Zip)																		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day						Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. and 5)							cially	6. Owner Form: D (D) or Indirect (Instr. 4	irect	7. Nature of Indirect Beneficial Ownership		
									Code	v			(A) or (D)	Price	R T	Report ransa		(msu. 4	,	(Instr. 4)	
Common Stock ⁽¹⁾ 01/29/2									Α		7,594	4	A	A \$0		103,185		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)	vative Conversion Date prity or Exercise (Month/Day/Year) if any			ion Date,	Code (In	(A)		osed) ·. 3, 4	6. Date Ex Expiration (Month/Date) Date Exercisab	n Dat	e Amou ar) Securi Under Deriva Securi 3 and		Amount or Number of		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Forr Dire or Ir (I) (I 4)	ct (D) idirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

1. Award of Restricted Stock Unit granted under the Allscripts Healthcare Solutions, Inc. 1993 Stock Incentive Plan. The award was granted on January 29, 2010 ("Grant Date") vests 100% on the first anniversary of the Grant Date.

> Kathie Kittner, by power of attorney for Michael Kluger

02/03/2010

** 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.