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*  KANGAS EDWARD A					ALL	2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX]									eck all appl	all applicable) Director		Person(s) to Issuer		
(Last)	`	irst) ( SE MART PLAZ	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/24/2010									Officer (give title below)		Other (sp below)			
SUITE 2024					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	GO IL	,	60654												Form	Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate) (	Zip)																	
		Tab	le I - N	on-Deriv	ative S	Sec	urities	Ac	quired, [	)isp	osed o	of, or B	ene	ficia	ly Owne	d				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						Execution Date,			Transaction Dispose Code (Instr. and 5)			urities Acquired (A sed Of (D) (Instr. 3,			Securit Benefic Owned	ies cially	6. Owner Form: Di (D) or Indirect ( (Instr. 4)	rect	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amoun	nt (A) or (D)		Price	Reporte Transa	ollowing (I eported ransaction(s) nstr. 3 and 4)			(Instr. 4)	
Common Stock 08/24/2				2010		A		45,616		A	(1)	45	5,616	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)	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)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		r. 3	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Forn Direc or In (I) (Ir 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
					Code	v	(A)	(D)	Date Exercisable		piration te	Title	or	ount mber ares						
Option to buy	\$11.28	08/24/2010			A		60,000		08/24/2010	06	/01/2014	Common	60,	,000	(2)	60,000		D		

## Explanation of Responses:

- 1. Received pursuant to the Agreement and Plan of Merger, dated as of June 9, 2010, among Allscripts-Misys Healthcare Solutions, Inc. (which has changed its name to Allscripts Healthcare Solutions, Inc.) ("Allscripts"), Arsenal Merger Corp. and Eclipsys Corporation (the "Merger Agreement") in exchange for 10,000 shares held directly and 28,013 Deferred Stock Units of Eclipsys Corporation. On the effective date of the merger, the closing price of Allscripts Healthcare Solutions, Inc. common stock was \$17.47 per share.
- 2. Received pursuant to the Merger Agreement in exchange for a stock option to acquire 50,000 shares of Eclipsys Corporation common stock for \$13.53 per share.

/s/ Kathie Kittner by power of attorney for Edward A. Kangas

\*\* 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.