

ALLSCRIPTS HEALTHCARE SOLUTIONS INC  
 Form 4  
 February 20, 2007

**FORM 4**

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

OMB APPROVAL

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**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 \*  
 DAVIS WILLIAM J

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

3. Date of Earliest Transaction (Month/Day/Year)  
 02/15/2007

\_\_\_\_ Director  
 Officer (give title below) \_\_\_\_\_ 10% Owner  
 \_\_\_\_\_ Other (specify below)  
 Chief Financial Officer

(Street)  
 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 Ownership (Instr. 4)			
				Code	V	Amount	(A) or (D)	Price		
Common Stock	02/15/2007		M <sup>(1)</sup>		36,000	A	3.04	53,513		D
							<u>(2)</u>			
Common Stock	02/15/2007		S <sup>(1)</sup>		36,000	D	28.3	17,513		D
							<u>(2)</u>			

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

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number.

**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)	8. Amount or Number of Shares
Stock Option (right to buy)	\$ 3.04	02/15/2007		M <sup>(1)</sup>	36,000	<sup>(3)</sup> 10/16/2012	Common Stock	36,000

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
DAVIS WILLIAM J 222 MERCHANDISE MART PLAZA, SUITE 2024 CHICAGO, IL 60654			Chief Financial Officer	

## Signatures

Jena Kluska for William J. Davis by Power of Attorney  
 02/20/2007  
 \*\*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).
- (1) Exercise and sale of shares effected pursuant to the Rule 10b5-1 plan established on December 13, 2006.
- (2) On February 15, 2007, there were multiple sales transactions aggregating 36,000 shares at prices ranging from \$28 to \$28.90, resulting in an average sale price of \$28.30.
- (3) Stock option granted on October 16, 2002 ("Grant Date") under the Allscripts Healthcare Solutions, Inc. 1993 Stock Incentive Plan. The stock option vested 25% on the Grant Date, 25% on October 16, 2003, 25% on October 16, 2004, and 25% on October 16, 2005.

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.