ALLSCRIPTS HEALTHCARE SOLUTIONS, INC.

Form 4/A April 08, 2011

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

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if no longer subject to Section 16. Form 4 or

Check this box

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

(Print or Type Responses)

1(b).

(Last)

(City)

1. Name and Address of Reporting Person
TULLMAN GLEN

2. Issuer Name and Ticker or Trading

Symbol

ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX]

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

(Street)

(State)

(First)

(Middle) 3. Date of Earliest Transaction

(Month/Day/Year) 07/31/2010

X_ Officer (give title below)

10% Owner Other (specify

222 MERCHANDISE PLAZE. **SUITE 2024**

4. If Amendment, Date Original

Filed(Month/Day/Year)

08/19/2010

6. Individual or Joint/Group Filing(Check

Chief Executive Officer

Applicable Line)

_X__ Director

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

CHICAGO, IL 60654

2. Transaction Date 2A. Deemed 1. Title of Security (Month/Day/Year) Execution Date, if (Instr. 3) (Month/Day/Year)

(Zip)

Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5)

4. Securities Acquired 5. Amount of 6. Ownership 7. Nature of Securities Form: Direct Indirect Beneficially (D) or Beneficial Ownership Owned Indirect (I) (Instr. 4) Following (Instr. 4) Reported

(A) Transaction(s) or (Instr. 3 and 4)

Code V Price (D) Amount

Common

07/31/2010 Stock

 $A^{(1)}$ \$0 $1,159,867 \stackrel{(2)}{=}$ 65,774 A

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amour	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						`
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date Ti				
									of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
· · · · · · · · · · · · · · · · · · ·	Director	10% Owner	Officer	Other		
TULLMAN GLEN						
222 MERCHANDISE PLAZE, SUITE 2024	X		Chief Executive Officer			
CHICAGO, IL 60654						

Signatures

Kathie Kittner by power of attorney for Glen Tullman

04/08/2011

**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).
- This amendment is to correct the actual amount of shares acquired due to vesting of performance-based restricted stock unit award granted on July 31, 2009 and updating the beneficial ownership number. Upon satisfaction of the applicable performance criteria, 50% of the amount reported was settled in shares of Allscripts common stock and 50% became time-vested restricted stock units, which vest on July 31, 2011 assuming continued employment.
- The amount of securities beneficially owned as of April 8, 2011 is 905,217, which reflects adjustments to beneficial ownership previously (2) reported by the Company primarily due to gifts to charitable institutions, a transfer of shares to a family member and a computation correction to a prior filing.

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.

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