

ALLSCRIPTS HEALTHCARE SOLUTIONS INC

Form 4/A

April 26, 2006

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
Expires: January 31, 2005
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 *
SHAPIRO LEE

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)
CHICAGO, IL 60654
(City) (State) (Zip)

3. Date of Earliest Transaction (Month/Day/Year)
03/01/2005

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

4. If Amendment, Date Original Filed(Month/Day/Year)
03/02/2005

6. Individual or Joint/Group Filing(Check Applicable Line)
 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

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)
				(A) or (D)	Price		
Common Stock	03/01/2005		M	55,203	A \$ 3.15	70,572	D
Common Stock	03/01/2005		S	55,203	D \$ 12.81	15,369	D
Common Stock	03/02/2005		M	69,797	A \$ 3.15	85,166	D
Common Stock	03/02/2005		S	69,797	D \$ 12.67	15,369	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)	Amount or Number of Shares	
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 3.15	03/01/2005		M	55,203	<u>(1)</u> 01/16/2012	Common Stock	55,203	
Employee Stock Option (right to buy)	\$ 3.15	03/02/2005		M	69,797	<u>(1)</u> 01/16/2012	Common Stock	69,797	

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

SHAPIRO LEE
222 MERCHANDISE MART PLAZA, SUITE 2024
CHICAGO, IL 60654

President

Signatures

Gina Nienberg for Lee Shapiro by Power of Attorney

04/26/2006

**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) The options vested in three equal installments on January 16, 2003, 2004, and 2005.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Edgar Filing: ALLSCRIPTS HEALTHCARE SOLUTIONS INC - Form 4/A

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.