Studer Jacqueline Form 3 July 22, 2011

## FORM 3

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

**OMB APPROVAL** 

**OMB** Number:

3235-0104

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES** 

January 31, Expires: 2005

Estimated average burden hours per

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

response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person \* Statement A Studer Jacqueline (Month/Day/Year) 06/27/2011 (Last) (First) (Middle)

ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX]

4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year)

(Check all applicable)

Director 10% Owner X\_ Officer Other (give title below) (specify below) Sr. VP and General Counsel

6. Individual or Joint/Group Filing(Check Applicable Line) \_X\_ Form filed by One Reporting Person

Form filed by More than One Reporting Person

CHICAGO, ILÂ 60654

(City) (State) (Zip)

222 MERCHANDISE MART

(Street)

PLAZA. SUITE 2024

1. Title of Security (Instr. 4)

Table I - Non-Derivative Securities Beneficially Owned

2. Amount of Securities Beneficially Owned

(Instr. 4)

Ownership Form:

(I) (Instr. 5) 4. Nature of Indirect Beneficial Ownership

(Instr. 5) Direct (D) or Indirect

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

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and 3. Title and Amount of **Expiration Date** (Month/Day/Year)

Securities Underlying **Derivative Security** (Instr. 4)

5. Conversion Ownership or Exercise Form of Derivative Security: Derivative

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Date **Expiration Title** Exercisable Date

Amount or Number of Shares

Direct (D) Security or Indirect

Price of

(I) (Instr. 5)

### **Reporting Owners**

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Studer Jacqueline 222 MERCHANDISE MART PLAZA SUITE 2024 CHICAGO, IL 60654	Â	Â	Sr. VP and General Counsel	Â

# **Signatures**

/s/ Kathie Kittner by power of attorney for Jacqueline
Studer

07/22/2011

# **Explanation of Responses:**

\*\*Signature of Reporting Person

No securities are beneficially owned

- \* If the form is filed by more than one reporting person, see Instruction 5(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).

Date

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#### **Remarks:**

No securities are benefically owned.

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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