Sills Richard Form 3 July 25, 2011					
FORM 3 UNIT	ED STATES SECURITIES AI	ND EXCHANGE COMMISSION	OMB APPROVAL		
	Washington,	D.C. 20549	OMB Number:	3235-0104	
IN	Expires:	January 31, 2005			
Filed Section	Estimated a burden hou response	average urs per			
(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 ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. (Month/Day/Year) 07/12/2011 [MDRX]					
			1 . D		

222 MERCHANDISE MART PLAZA, SUITE 2024

(Street)

(First)

(Middle)

CHICAGO, ILÂ 60654

(City) (State) (Zip)

1.Title of Security

(Instr. 4)

(Last)

4)

Common Stock

 Table I - Non-Derivative Securities Beneficially Owned

Ownership

D

SEC 1473 (7-02)

Form: Direct (D) or Indirect (I) (Instr. 5)

3.

4. Relationship of Reporting

(Check all applicable)

(give title below) (specify below)

SVP, Services

10% Owner

Other

Person(s) to Issuer

_ Director

_X__Officer

5. If Amendment, Date Original

6. Individual or Joint/Group

Filing(Check Applicable Line)

X Form filed by One Reporting

Form filed by More than One

Filed(Month/Day/Year)

Person

Ownership (Instr. 5)

Â

Reporting Person

4. Nature of Indirect Beneficial

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.

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

2. Amount of Securities

Beneficially Owned

(Instr. 4)

39,955 (1)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	Securities Underlying Derivative Security	4. Conversion or Exercise	Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		(Instr. 4)	Price of	Derivative	
		Title	Derivative	Security:	

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Date	Expiration	Amount or	Security	Direct (D)
Exercisable	Date	Number of		or Indirect
		Shares		(I)
				(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Sills Richard 222 MERCHANDISE MART PLAZA SUITE 2024 CHICAGO, IL 60654	Â	Â	SVP, Services	Â	
Signatures					
Kathie Kittner by power of attorney for Richard Sills	07/25/2011				
**Signature of Reporting Person			Date		

Explanation of Responses:

* 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).

Award of Restricted Stock Unit (RSU) granted under the Allscripts Healthcare Solutions, Inc. 1993 Stock Incentive Plan. Of the 39,955
(1) RSUs beneficially owned, zero (0) RSUs are vested; 5,692 RSUs will vest in 2011; 10,919 RSUs will vest in 2012; 10,920 RSUs will vest in 2013; 10,920 will vest in 2014 and 1,504 RSUs will vest in 2015.

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.