

ALLSCRIPTS HEALTHCARE SOLUTIONS INC

Form 4/A

April 26, 2006

FORM 4

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

OMB APPROVAL

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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 *
MCGRAW LAURIE

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)

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

____ Director
 Officer (give title below) _____ Other (specify below)
President, Clinical Solutions

CHICAGO, IL 60654

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

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)
Common Stock	03/01/2005		M			12,292	\$ 3.15	12,292	D	
Common Stock	03/01/2005		S			12,292	\$ 12.81	0	D	
Common Stock	03/01/2005		M			13,334	\$ 3.15	13,334	D	
Common Stock	03/01/2005		S			13,334	\$ 12.81	0	D	
Common Stock	03/02/2005		M			32,401	\$ 3.15	32,401	D	

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Common Stock	03/02/2005	S	32,401	D	\$ 12.67	0	D
Common Stock	03/02/2006	M	5,307	A	\$ 3.15	5,307	D

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

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(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)
				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	12,292	<u>(1)</u> 01/16/2012	Common Stock 12,292
Employee Stock Option (right to buy)	\$ 2	03/01/2005		M	13,334	<u>(2)</u> 08/05/2012	Common Stock 13,334
Employee Stock Option (right to buy)	\$ 3.15	03/02/2005		M	32,401	<u>(1)</u> 01/16/2012	Common Stock 32,401
Employee Stock Option (right to buy)	\$ 3.15	03/02/2005		M	5,307	<u>(1)</u> 01/16/2012	Common Stock 5,307

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
MCGRAW LAURIE 222 MERCHANDISE MART PLAZA, SUITE 2024 CHICAGO, IL 60654			President, Clinical Solutions	

Signatures

Gina Nienberg for Laurie A. McGraw 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.
 - (2) The options vested in three equal installments on August 5, 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. 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.