

ALLSCRIPTS HEALTHCARE SOLUTIONS INC

Form 4

August 08, 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 *
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)

(Last) (First) (Middle)
222 MERCHANDISE PLAZE,
SUITE 2024

3. Date of Earliest Transaction (Month/Day/Year)
08/04/2006

____ Director
 Officer (give title below) Chief Executive Officer
____ 10% Owner
____ Other (specify below)

(Street)
CHICAGO, IL 60654

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

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 Indirect Beneficial Ownership (Instr. 4)	
				(A) or (D)	Price			
				Code	V	Amount		
Common Stock	08/04/2006		M		118,250	A	\$ 0.06 553,431 ⁽¹⁾	D
Common Stock	08/04/2006		S		118,250	D	\$ 21 435,181 ⁽¹⁾	D
Common Stock	08/04/2006		M		11,898	A	\$ 0.06 447,079 ⁽¹⁾	D
Common Stock	08/04/2006		S		11,898	D	\$ 21 435,181 ⁽¹⁾	D
Common Stock	08/04/2006		S		5,148	D	\$ 21.7 430,033 ⁽¹⁾	D

Common Stock	08/04/2006	S	26,600	D	\$ 21.45	403,433 ⁽¹⁾	D
Common Stock	08/04/2006	S	80,158	D	\$ 21	323,275 ⁽¹⁾	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.

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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 Number Shares
Employee Stock Option (right to buy)	\$ 0.06	08/04/2006		M	118,250	08/01/2000 05/29/2008	Common Stock 118,2
Employee Stock Option (right to buy)	\$ 0.06	08/04/2006		M	11,898	08/01/2000 05/28/2008	Common Stock 11,89

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

TULLMAN GLEN
222 MERCHANDISE PLAZE, SUITE 2024
CHICAGO, IL 60654

Chief Executive Officer

Signatures

Jena Kluska for Glen Tullman by Power of Attorney

08/08/2006

**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) Amount of securities beneficially owned includes 29,091 shares of unvested restricted stock granted on January 17, 2006, under the Allscripts Healthcare Solutions, Inc. 1993 Stock Incentive Plan.

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

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