

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 *
CULL JOHN G

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)
02/23/2005

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
President, Medication Services

CHICAGO, IL 60654

4. If Amendment, Date Original Filed(Month/Day/Year)
02/25/2005

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 | 02/23/2005 | | M | | | 16,666 | \$ 1.5 | 16,666 | D | |
| Common Stock | 02/23/2005 | | S | | | 2,500 | \$ 12.89 | 14,166 | D | |
| Common Stock | 02/23/2005 | | S | | | 2,500 | \$ 12.99 | 11,666 | D | |
| Common Stock | 02/23/2005 | | S | | | 2,500 | \$ 13.2 | 9,166 | D | |
| Common Stock | 02/23/2005 | | S | | | 2,500 | \$ 13.24 | 6,666 | D | |

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| | | | | | | | |
|--------------|------------|---|-------|---|----------|-------|---|
| Common Stock | 02/23/2005 | S | 4,166 | D | \$ 13.04 | 2,500 | D |
| Common Stock | 02/23/2005 | S | 2,500 | D | \$ 13.09 | 0 | D |
| Common Stock | 02/23/2005 | M | 5,383 | A | \$ 1.5 | 5,383 | D |
| Common Stock | 02/23/2005 | S | 5,383 | D | \$ 12.9 | 0 | 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) | \$ 1.5 | 02/23/2005 | | M | 16,666 | 10/06/1999 | 10/06/2005 | Common Stock | 16,666 |
| Employee Stock Option (right to buy) | \$ 1.5 | 02/23/2005 | | M | 5,383 | 08/21/1999 | 08/21/2005 | Common Stock | 5,383 |

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

CULL JOHN G
222 MERCHANDISE MART PLAZA, SUITE 2024

President, Medication Services

CHICAGO, IL 60654

Signatures

Gina Nienberg for John G. Cull 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).

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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