

Bond David A
Form 4
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 *
Bond David A

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)
5501 DILLARD DRIVE
(Street)

3. Date of Earliest Transaction (Month/Day/Year)
04/17/2006

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

CARY, NC 27511

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 Ownership (Instr. 4)	
			Code	V	Amount	(D)	Price	
Allscripts Healthcare Solutions, Inc. Common Stock	04/17/2006		A		17,500 (1)	A	\$ 0 61,367 (2)	D

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

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(9-02)

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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)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Owned Beneficially (Instr. 5)
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Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Bond David A 5501 DILLARD DRIVE CARY, NC 27511			President, SMB Solutions	

Signatures

Gina Nienberg for David A. Bond 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) Award of Restricted Stock under the Allscripts Healthcare Solutions, Inc. 1993 Stock Incentive Plan. The Award vests 25% on each of the first four anniversaries of the grant date. The Award Agreement provides for accelerated vesting of the Award in the event of a change of control.
- The reporting person acquired 43,867 shares of issuer common stock pursuant to the Agreement of Merger, dated as of January 18, 2006, by and among the issuer, Quattro Merger Sub Corp., A4 Health Systems, Inc. and John P. McConnell, as representative of the shareholders (the "Agreement of Merger"). Of the 43,867 shares, 24,015 were issued to LaSalle Bank National Association, as escrow agent, pursuant to the Escrow Agreement, dated as of March 2, 2006, by and among the issuer, John P. McConnell, as representative of the shareholders, and the escrow agent (the "Escrow Agreement"). The 24,015 shares are being held in escrow, subject to forfeiture for a period of time following the merger, to indemnify, hold harmless and reimburse the issuer, among others, for certain losses and expenses as specified in the Agreement of Merger.

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.