FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								
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0.5

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Check this box if no longer subject i	ı
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					01 0	JCCIII	011 00(11)	OI LIIC	investine	00.	inparty Act	01 13	,-0								
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Black Paul						SOLUTIONS, INC. [ MDRX ]									X Director			10% Owner		wner	
(Last)	(Fi	rst) (	Middle)			SOLICITO, LIVE, [ WDKX ]									X	Office	er (give title v)		Other (specify below)		
222 MERCHANDISE MART PLAZA						3. Date of Earliest Transaction (Month/Day/Year)									CEO						
SUITE 2024					03/	03/05/2020															
3011E 2	024				4.16	A (A								+							
(Ctroot)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) CHICAG	O IL	e	60654												X	Form	filed by One	e Reportir	g Pers	on	
CHICHC	IC IL		70034													Form	n filed by Mor	e than Or	ne Rep	orting	
(City)	(C+	ate) (	Zip)													Pers	on				
(City)	(31	ale) (	<u></u>																		
		Tabl	e I - Noi	າ-Deriv	ative	Se	curitie	s Ac	quired,	Dis	posed o	f, o	r Ben	eficia	ally (	Owne	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Ex Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			4 and Sec Ben Owr		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										v	Amount		(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(111311.4)	
Common Stock 03/05/2					/2020	2020			P		33,783		A	\$7.465		5 1,756,462 <sup>(1)</sup>		D			
		Та									osed of, onvertib				y Ov	ned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date, Transa Code			of		6. Date Exercisa Expiration Date (Month/Day/Yea		e	7. Title and Amount of Securities Underlying Derivative Security (Instr and 4)				r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner: Form: Direct or Indi (I) (Inst	: t (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Titl	or Nu of	ount mber ares							

## **Explanation of Responses:**

1. The beneficial ownership number includes 872 shares obtained through the reporting person's involvement in the Company's Employee Stock Purchase Plan.

## Remarks:

<u>Holly O'Berry by power of</u> <u>attorney for Paul Black</u>

03/05/2020

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.

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 Number.