FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [D.C. 20549
---------------	------------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response.	0.5							

	tion 1(b).			Filed							rities Exchan Company Act					nours	per re	sponse:	0.5
Name and Address of Reporting Person* Black Paul				2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX]									Check a	all appli Directo	icable) or	ng Person(s) to Iss 10% Ow			
(Last) (First) (Middle) 222 MERCHANDISE MART PLAZA SUITE 2024			3. Date of Earliest Transaction (Month/Day/Year) 05/13/2022								\exists		Officer (give title below)			Other (specify below)			
(Street) CHICAC			0654 Zip)	4	4. If Amendment, Date of Original Filed (Month/Day/Year)								ine) X	idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	I - N	Non-Deriva	tive S	Secui	rities	Ac	quir	ed, Di	isposed o	of, or	Benefic	ially (Owne	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye			2A. Deemed Execution I if any (Month/Day		on Date,				4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			nd 5) Sec Ben Owr		amount of curities neficially ned Following ported		n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D)	Price	Trans		saction(s) r. 3 and 4)		4)	(msu. 4)	
Common Stock 05/13/			05/13/202	22				S		50,000	D	\$18.013	38(1)	1,57	79,649		D		
		Tal	ble I	II - Derivati (e.g., pu							posed of, converti				wned	I			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year) 3. Deemed Execution Date, if any (Month/Day/Year)		cution Date, ny		ransaction code (Instr.		mber ative rities ired osed . 3, 4	Expiration (Month/Da		r/Year)	Amo Secu Undo Derir Secu 3 an	Amount or Number	8. Pric Deriva Secur (Instr.	ative rity . 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code V (A) (D) Exer					te ercisable	Expiration Date	Title	of Shares						

Explanation of Responses:

Remarks:

Holly Teague by power of attorney for Paul Black

05/16/2022

** Signature of Reporting Person

Date

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

- * 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.

^{1.} These transactions were executed in multiple trades at prices ranging from \$18.00 to \$18.22. The prices reported reflect the weighted average sale price on the transaction date. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transactions were effected.