FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549

STATEMENT	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPRO	VAL
OMB Number:	3235-0287
Estimated average burde	en
hours per response:	0.5

Check this box if no longer subject to 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

1. Name and Address of Reporting Person*  STEVENS DAVID D  (Last) (First) (Middle)  222 MERCHANDISE MART PLAZA SUITE 2024  (Street)					3. D 05/	Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [ MDRX ]      Date of Earliest Transaction (Month/Day/Year) 05/21/2018  4. If Amendment, Date of Original Filed (Month/Day/Year)									Check X	all app Direct Office below	r (give title Other (spec		(specify	
CHICAG			50654 Zin)												A		n filed by Mo	•	•	
(City)	(City) (State) (Zip)  Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. To Date				2. Transa Date	2. Transaction Date Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Transaction Di Code (Instr. 5)		4. Securit	Securities Acquired (A) posed Of (D) (Instr. 3,			or 5. Ar 4 and Secu Bene		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A (D	() or ()	Price		Transa	Transaction(s) Instr. 3 and 4)			(111511.4)
Common Stock					1/2018				A <sup>(1)</sup>		15,949	9	A \$0		120,844		20,844		D	
	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)	varive urity or Exercise Price of Derivative Security  Date (Month/Day/Year)  Execution Date, if any (Month/Day/Year)		Transa Code (		of Deriv Secu Acqu (A) o Disp of (D	r osed ) r. 3, 4	6. Date E Expiratio (Month/D	n Date	е	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amour or Numbe of Title Shares		ount nber	8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		0. wnership orm: irrect (D) r Indirect ) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## **Explanation of Responses:**

1. Restricted stock units award with vesting that will occur on the one year anniversary of the grant date.

## Remarks:

<u>Holly O'Berry by power of</u> <u>attorney for David Stevens</u>

05/23/2018

\*\* 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.