Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject	STATEMENT OF C
to Section 16. Form 4 or Form 5	
obligations may continue. See	

HANGES IN BENEFICIAL OWNERSHIP

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

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* KLAYKO MICHAEL						2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX]									k all app Direc	,		rson(s) to Is 10% O Other (s	wner		
(Last) 222 MEI SUITE 2		rst) (t SE MART PLAZ	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/21/2020									belov			below)	эреспу		
(Street) CHICAC			0654 Zip)		4. If A	Line)											ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table	I - No	n-Deriva	ative \$	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benefi	cially	y Own	ed					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		Exec if an	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Securi		ies cially Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	(A) (D)	or Pr	ice	Transa	action(s) 3 and 4)			(msu. 4)				
Common Stock 0.				05/21/	2020				A ⁽¹⁾		30,582	A	\$	0.00	162,525			D			
Common Stock															5,000			I	Family Trust		
	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)	if any	emed on Date, (Day/Year)	4. Transa Code (8)		of Deriv Secu Acqu (A) o Dispo	r osed) r. 3, 4	6. Date Expirati (Month/	ion Da			int of rities rlying ative rity (Inst	De Se (In	. Price of Perivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	Code V		(D)			Expiration Date	Title	or Numb of	Number							

Explanation of Responses:

Remarks:

Holly O'Berry by power of attorney for Michael Klayko ** Signature of Reporting Person

05/22/2020

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