Instruction 1(b).

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
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours per response.	0.5							

										Joinpany Act								
1. Name and Address of Reporting Person*  Poulton Richard J.				2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
				SOLUTIONS, INC. [ MDRX ]								Director			_	0% Ov		
(Loot)	/Fi	rot) (A	(A 4: -1-11 - )				SOLUTIONS, INC. [ WDKA ]						X	Office below	er (give title /)		ther (s elow)	specify
(Last)	t) (First) (Middle)  MERCHANDISE MART				3. Date of Earliest Transaction (Month/Day/Year)							President & CFO						
STE. 2024			08/16/2021															
S1E. 2024					4. If Amendment, Date of Original Filed (Month/Day/Year)						,	6. Individual or Joint/Group Filing (Check Applicable						
(Street)					Sale of Original 1800 (Montal 24) (104)								Line)					
CHICAC	GO IL	6	0654										X	X Form filed by One Reporting Person				
														Form filed by More than One Reporting Person				orting
(City)	(St	ate) (Z	Zip)															
		Table	I - N	lon-Deriva	tive	Secui	rities Ac	quire	ed, D	isposed o	f, or E	Benefic	cially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/N			Execution Year) if any			3. Transaction Code (Instr. 8)					and 5) Securitie Benefici		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) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(111501. 4)	
Common	Stock			08/16/20	21			S <sup>(1)</sup>		10,000	D	\$16.9	16.936 <sup>(2)</sup> 598,980 <sup>(3)</sup> D			D		
Common	Stock			08/17/20	21			S <sup>(1)</sup>		10,000	D	\$16.6	94 <sup>(4)</sup>	588,980		D		
		Tal	ole II	l - Derivati (e.g., pu						posed of, , convertil				Owne	t			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if an	Deemed oution Date, y oth/Day/Year)		saction (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	Expiration (Month/Day		ate Exercisable and ration Date tth/Day/Year)		e and int of ities 'lying ative ity (Instr 4)	8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owne Form Direct or Ind (I) (In:	t (D) lirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)

## **Explanation of Responses:**

1. The sale of shares reported in the Form 4 were pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 10, 2021.

Code

2. These transactions were executed in multiple trades at prices ranging from \$16.82 to \$17.07. 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.

(D)

(A)

Date

Exercisable

Expiration

Date

- 3. The beneficial ownership number includes 1,000 shares obtained through the reporting person's involvement in the Company's Employee Stock Purchase Plan.
- 4. These transactions were executed in multiple trades at prices ranging from \$16.62 to \$16.85. 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.

## Remarks:

Holly O'Berry by power of attorney for Richard Poulton

Number

Shares

Title

08/17/2021

\*\* 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.