Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

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 ar	ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX]										ationship of Reportir k all applicable) Director Officer (give title below)		10% Ow Other (s		vner				
(Last) 222 MEI	(Fir	3. Date of Earliest Transaction (Month/Day/Year) 08/15/2022										Chief Financial Officer							
(Street) CHICAC			0654 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X						
		Table	I - No	n-Deriva	tive S	Secur	rities	Acq	uired,	Dis	posed of	, or B	enef	icially	/ Own	ed			
			Date	e Ex onth/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)				4. Securitie Disposed C 5)						6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	v	Amount	(A) (D)	or Pr	ice		ction(s)			(iiisti. 4)		
Common Stock				08/15/2	5/2022				S		24	1 D		17.65	112,976 ⁽¹⁾			D	
Common Stock 08,				08/17/2	2022		S		3,921	D \$1		17.65	.65 109,055			D			
		Tal					varra	ants,			osed of, convertib			ies)		d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transa Code (8)				6. Date Expirati (Month/	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y O Fo O (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Code \					v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er						

Explanation of Responses:

1. The beneficial ownership number includes 742 shares obtained through the reporting person's involvement in the Company's Employee Stock Purchase Plan.

Remarks:

Holly Teague by power of attorney for Leah Jones

08/18/2022

** 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.