FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB API	PROVAL
OMB Number:	3235-0287
Estimated average	hurden

0.5

hours per response:

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 s	section	1 30(n)	or tne	investm	ent Co	mpany Act	of 1940							
1. Name and Address of Reporting Person*						2. Issuer Name <b>and</b> Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Black Paul						SOLUTIONS, INC. [ MDRX ]								X	Direc	ctor		10% O	wner
(Last)	(First) (Middle)					SOLUTION, MICH [ INDICA ]									Office	er (give title v)		Other (specify below)	
222 MERCHANDISE MART PLAZA SUITE 2024						3. Date of Earliest Transaction (Month/Day/Year) 12/14/2017								CEO					
(Street) CHICAGO IL 60654				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person						
CHICAC	iO IL	(	00034											Form filed by More than One Reporting					orting
(City)	(St	ate) (	Zip)												Pers	on			
		Tabl	e I - N	on-Deriv	ative	Sec	uritie	s Ac	quirec	l, Dis	sposed o	f, or B	enefici	ally (	Owne	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day)						Execution Dat		Date,	Transaction Disposed Code (Instr.			es Acquired (A) o Of (D) (Instr. 3, 4 a		and 5) Secur Benef Owne		icially d Following	6. Owne Form: D (D) or In (I) (Instr.	irect direct	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	_   Tra		eported ansaction(s) nstr. 3 and 4)			(Instr. 4)
Common Stock 12/14/20					017	017			S <sup>(1)(2)</sup>		15,000	D	\$14.3	528 1,351,773		351,773	D		
		Та	ble II -								osed of, convertib				vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	on Date,	n Date, Transa Code (I		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable Expiration Date (Month/Day/Year)		ite	7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)			ative rity	9. Number o derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	n: ct (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares						

## **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 19, 2017.
- 2. These transactions were executed in multiple trades at prices ranging from \$14.26 to \$14.52. 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 Paul Black

12/18/2017

\*\* 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.