FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 205 | 49 |
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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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| | OMB APPROVAL | | | | | | | | | |
|---|--------------------------|-----|--|--|--|--|--|--|--|--|
| | OMB Number: 3235-0287 | | | | | | | | | |
| | Estimated average burden | | | | | | | | | |
| 1 | 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

| Name and Address of Reporting Person* Garrison Greg | | | | | | 2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX] | | | | | | | | (Che | eck all app | ctor | | 10% O\ | vner |
|--|--|--|--------------|--|-----------------|--|------------------|--|--|--------------------|--------|--|----------------------------|---|---|---|--|----------|------------|
| (Last) (First) (Middle) 222 MERCHANDISE MART PLAZA | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/21/2020 | | | | | | | | | below | er (give title | | Other (s | specify |
| (Street) CHICAC | GO IL | | 0654 Zip) | | 4. If <i>F</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line |) <mark>X</mark> Form | or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Date, | | | 3. 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | Benefic | ies cially Following | Form: | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or I | Price | Transa | ction(s) 3 and 4) | | | (111501.4) |
| Common Stock 05 | | | 05/21/2 | 2020 | | | A ⁽¹⁾ | | 30,582 | | A | \$0.00 | 11 | 113,138 | | 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) | ative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any | | | Transaction of Code (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | str. | 8. Price of Derivative Security Instr. 5) | | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | Ownership Form: Direct (D) or Indirect | Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code V (A) (D) | | (D) | Date Exercis | able | Expiration Date | Title | of Shar | es | | | | | | |

Explanation of Responses:

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

Remarks:

Holly O'Berry by power of attorney for Greg Garrison

05/22/2020

** 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.