

OMB APPROVAL	
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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 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

1. Name and Address of Reporting Person* <u>Khorey Lisa</u> _____ (Last) (First) (Middle) 222 MERCHANDISE MART PLAZA _____ (Street) CHICAGO IL 60654 _____ (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>Chief Client Delivery Officer</u>
	3. Date of Earliest Transaction (Month/Day/Year) 02/26/2021	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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			
Common Stock	02/26/2021		A		57,143 ⁽¹⁾	A	\$0.00	293,769	D	
Common Stock	02/26/2021		F		8,632 ⁽²⁾	D	\$15.43	285,137	D	
Common Stock	02/27/2021		F		6,740 ⁽³⁾	D	\$15.43	278,397	D	
Common Stock	02/28/2021		F		8,526 ⁽⁴⁾	D	\$15.43	269,871	D	
Common Stock	02/28/2021		F		12,384 ⁽⁴⁾	D	\$15.43	257,487	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V		Date Exercisable	Expiration Date					

Explanation of Responses:

- Award of service-based Restricted Stock Units granted under the Allscripts Healthcare Solutions, Inc. 2019 Stock Incentive Plan on February 26, 2021. The award vests 33% per year, with the first 33% of the award vesting on February 26, 2022 and the second and third 33% portions of the award vesting on February 8, 2023 and February 8, 2024, respectively.
- Withholding shares solely to cover withholding tax liabilities in connection with the vesting of restricted stock units on February 26, 2021.
- Withholding shares solely to cover withholding tax liabilities in connection with the vesting of restricted stock units on February 27, 2021.
- Withholding shares solely to cover withholding tax liabilities in connection with the vesting of restricted stock units on February 28, 2021.

Remarks:

[Holly O'Berry by power of attorney for Lisa Khorey](#) 03/01/2021

** 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.