FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

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*     Poulton Richard J.					AI	2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [ MDRX ]									Check	all app	licable)	1	Person(s) to Issuer  10% Owner  Other (specify		
(Last) (First) (Middle) 222 MERCHANDISE MART STE. 2024					3. Date of Earliest Transaction (Month/Day/Year) 02/24/2019										X Officer (give title Offier (specify below)  President						
(Street) CHICAGO IL 60654  (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					ar)   Ē	2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Dispose Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			4 and S		ount of 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		Reported Transaction(s) (Instr. 3 and 4)				(111301. 4)				
Common Stock 02/24									F <sup>(1)</sup>		10,53	2 D		\$10	0.6 181		1,478 <sup>(2)</sup>	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)  3. Transaction Date (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  4. Deemed Execution Date (Month/Day/Year)			Date, ay/Year)	4. Transaction Code (Instr. 8)		of Deriving Security Acquired (A) of Dispriving of (D) (Instrument)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares			ice of vative urity r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct or India (I) (Inst	D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## Explanation of Responses:

- 1. Withholding shares solely to cover withholding tax liabilities in connection with the vesting of performance stock units on February 24, 2019.
- 2. Since the date of the reporting person's last ownership report, he transferred 101,850 shares of common stock pursuant to a domestic relations order. The reporting person no longer reports as beneficially owned any securities transferred pursuant to such order.

## Remarks:

<u>Holly O'Berry by power of</u> <u>attorney for Richard Poulton</u>

02/26/2019

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.