# FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPRO	VAL						
OMB Number:	3235-0287						
Estimated average burden							
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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 an	2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [ MDRX ]										(Check all		olicable) ctor		Owner					
(Last) 222 MEF	(Fir	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/06/2017									X	Officer (give title below)		Other (specify below)		
STE. 202	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)									
(Street) CHICAGO IL 60654																X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(Sta	ate) (Ž	Zip)																	
		Tabl	e I - N	Non-Deriv	ative	Secu	ırities	Acc	quired,	Dis	posed of	f, oı	r Ben	efici	ally	Own	ed			
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 (, Disposed Of (D) (Instr. 3 5)				3, 4 and Se Be			6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount		(A) or (D) Pr		Э	Following Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)	(Instr. 4)			
Common Stock				03/06/2017				A <sup>(1)</sup>		132,02	1	A	\$0.00		445,352		D			
Common Stock				03/06/2017				F <sup>(2)</sup>		11,256	6	D	\$11.93		434,096		D			
Common Stock				03/06/2017				F <sup>(2)</sup>		6,814		D	\$11.93		427,282		D			
Common Stock				03/06/2	03/06/2017				F <sup>(2)</sup>		3,360		D	\$11.93		423,922		D		
Common Stock 0				03/06/2	/06/2017				A <sup>(3)</sup>		18,729		A	\$0.00		442,651		D		
				<u> </u>	/06/2017				F <sup>(2)</sup>		5,820		D	\$11.93		437,488(4)		D	<u> </u>	
		Та	ble II	- Derivat (e.g., pu							sed of, onvertib					wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	3A. Deemed Execution Date,		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date I Expirati (Month/	on Da		or Num of		f g	of Deri Sec		9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership		
					Code V		(A) (D)		Date Exercisable				Expiration Date	mount mber ares						

#### **Explanation of Responses:**

- 1. Award of service-based Restricted Stock Units granted under the Allscripts Healthcare Solutions, Inc. 2011 Stock Incentive Plan on March 6, 2017 (the "Grant Date"). The award vests 33% per year on each of the first three anniversaries of the Grant Date, subject to achievement of a performance goal for the period ending December 31, 2017
- 2. Withholding shares solely to cover withholding tax liabilities in connection with the vesting of performance stock units on March 6, 2017.
- 3. On February 25, 2014 (the "Grant Date"), the reporting person was granted performance-based restricted stock units ("PSUs"), the vesting of which was subject to both continued service and a performance measure of a combination of 50% non-GAAP adjusted EBITDA and 50% non-GAAP revenue targets being attained for successive one-year, two-year and three-year performance periods commencing on the Grant Date. The acquisition of shares of the Issuer's common stock represents the vesting of PSUs for the three-year performance period ending three years from the Grant Date.
- 4. The beneficial ownership number includes 657 shares obtainined through the reporting person's involvement in the Company's Employee Stock Purchase Plan.

## Remarks:

Holly O'Berry by power of attorney for Rick Poulton

03/08/2017

\*\* Signature of Reporting Person

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.