FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | JVAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
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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(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>Spruill Yancey L.</u> | | | | | <u>AI</u> | 2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX] | | | | | | | | | heck all a | nip of Reportir oplicable) ector | ng Pers | on(s) to Is | |
|---|---|--|--|------------------------|-----------|--|---------|------------------|---|--------|---|-------|------------------------|---|---|---|--|--|----------|
| (Last) (First) (Middle) 222 MERCHANDISE MART PLAZA | | | | | 3. D | 3. Date of Earliest Transaction (Month/Day/Year) 05/21/2018 | | | | | | | | | | Officer (give title below) | | Other (below) | (specify |
| (Street) CHICAGO IL 60654 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ne) X Foi Foi | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tabl | e I - Noi | n-Deriva | ative | Sec | curitie | s Acc | quired, | Dis | posed o | f, or | Bene | eficia | ılly Owr | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 3. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | | d Secu Bene Own | ficially ed Following | Form: | nership Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount (A) or (D) | | Price | Trans | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock 05/21/ | | | | | | 2018 | | A ⁽¹⁾ | | 15,949 | | A | \$0.0 | 00 | 47,843 | | D | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | / Owned | I | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y | Date, Transa Code (| | | of | | 6. Date E: Expiration (Month/D | e | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | vnership orm: rect (D) Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nun of Sha | nber | | | | | |

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 Yancey Spruill

05/23/2018

** 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.