FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 205	49
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OMB APPROVAL										
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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

Name and Address of Reporting Person* Khorey Lisa						2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX]									k all app Direc	tionship of Reporti all applicable) Director Officer (give title		rson(s) to Is 10% O Other (s	wner	
(Last) (First) (Middle) 222 MERCHANDISE MART PLAZA					3. Date of Earliest Transaction (Month/Day/Year) 03/06/2020									X	Chie	,	Delive	below) ery Office	er	
(Street) CHICAC	GO IL (Sta		0654 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	Form Form	dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table	I - Non	-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or B	enef	icially	/ Own	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Execution Date,		Date,	3. 4. Securitie: Transaction Code (Instr. 8) 5)					4 and Securi Benefi		ies cially Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	or P	rice	Transa	action(s) 3 and 4)			(
Common Stock 03/06/2						2020			F ⁽¹⁾		3,830	D	9	5 7.64	64 315,889			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)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		of Deriv	r osed) r. 3, 4	6. Date Exerci Expiration Da (Month/Day/Yo		te Amoun		nt of ities lying ative ity (Ins	De Se (In:	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er						

Explanation of Responses:

1. Withholding shares solely to cover withholding tax liabilities in connection with the vesting of restricted stock units on March 6, 2020.

Remarks:

Holly O'Berry by power of attorney for Lisa Khorey

03/09/2020

** 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.