FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
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

Name and Address of Reporting Person*     Olis Dennis						2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [ MDRX ]										all app	onship of Reportin Il applicable) Director		10% C	)wner
(Last) (First) (Middle) 222 MERCHANDISE MART PLAZA						3. Date of Earliest Transaction (Month/Day/Year) 04/04/2016									X	Officer (give title below)  SVP of C		Other (s below) Operations		` '
SUITE 2024						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applie Line)					
(Street) CHICAG	O IL	6	60654													X Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
(City)	(Sta	ate) (Z	<b>Z</b> ip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day						Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired Disposed Of (D) (Instr. and 5)						3, 4 Secur Bene Owne		rities F ficially (I ed Ir		Ownership m: Direct or irect (I) str. 4)	7. Nature of Indirect Beneficial Ownership
				Code	v	Amount		(A) or (D)	Price	,	Repor Trans	ollowing eported ransaction(s) nstr. 3 and 4)		u. 4)	(Instr. 4)					
Common	2016				F <sup>(1)</sup>		4,259		D	\$13.6		6 242,887			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. Deemed Execution Date, if any (Month/Day/Year)			Code (li	Transaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Expiration Date (Month/Day/Year)  Date Expiration			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)  Amount or Numbor of Title Shares		str. ount			9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Dirrect (D) or Indirect (I) (Instr. 4)	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 April 4, 2016.

## Remarks:

Holly O'Berry by power of attorney for Dennis Olis

04/06/2016

\*\* Signature of Reporting Person

Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).