FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burde	en
l	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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

							( )				1 7								
1. Name an		2. Issuer Name <b>and</b> Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
Poulton	<u>Richard</u>	<u>J.</u>				SOLUTIONS, INC. [ MDRX ]								1	Director			Owner	
(Loot)	(Fi	- 5	SOLUTIONS, INC. [ MDRX ]								X	X Officer (give title below)		Oth belo	er (specify w)				
(Last)	`	,	3. D	Date of Earliest Transaction (Month/Day/Year)								President							
222 MERCHANDISE MART							03/15/2018												
STE. 2024																			
							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable				
					(								Line)						
(Street)		COCE 4												X	Forn	n filed by One	e Reporting Pe	erson	
CHICAGO IL		(	60654												Form filed by More than One Reporting				
					-										Pers	son			
(City)	(St	ate) (	Zip)																
		Tabl	e I - N	on-Deriv	vative	Sec	uritie	s Ac	quired	d, Di	sposed o	f, or I	Benef	icially	Own	ed			
1. Title of S	Security (Inst	r. 3)		2. Transac	ction	on 2A. Deemed			3.		4. Securitie				5. Am	ount of	6. Ownership	7. Nature	
Date (Month/Day/						Execution Dat		,	Transaction Code (Instr. r) 8)					Benet Owne		ficially ed Following (	Form: Direct (D) or Indirect (I) (Instr. 4)	t Beneficial Ownership	
					Code	v	Amount (A) or Price		ce		rted action(s) 3 and 4)		(Instr. 4)						
Common	Stock	2018	018		<b>S</b> (1)(2)		15,000	D	\$1	\$13.5271		05,920	D						
Common	Otock		710				15,000		1 4.1	0.0271		00,020							
		Та	ble II ·								osed of, convertib				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y		ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		De Se (In:	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Share	er					

## **Explanation of Responses:**

- 1. The sale of shares reported in the Form 4 were pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 19, 2017.
- 2. These transactions were executed in multiple trades at prices ranging from \$13.48 to \$13.74. The prices reported reflect the weighted average sale price on the transaction date. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transactions were effected.

## Remarks:

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

03/15/2018

\*\* 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.