FORM 4

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number:	3235-0287
Estimated average bu	irden
hours per response:	0.5

to Section 16.	Form 4 or Form 5				Estimated average burden			
 obligations ma Instruction 1(b) 	y continue. See		Filed pursuant to Section 16(a) of the Securities Exchange Act of 193	84	hours per respo	onse: 0.5		
	,.		or Section 30(h) of the Investment Company Act of 1940	-				
1. Name and Add	hard J.		2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX]	5. Relationship of F (Check all applicab Director X Officer (gi below)	ole)	n(s) to Issuer 10% Owner Other (specify below)		
(Last) 222 MERCHA STE. 2024	(First) MDISE MAR	(Middle) Г	3. Date of Earliest Transaction (Month/Day/Year) 05/10/2022	CEO				
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable				
(Street)				Line) X Form filed by One Reporting Person				
CHICAGO	IL	60654		Form filed Person	l by More than C	one Reporting		
(City)	(State)	(Zip)						
		Table I. Nav. Day	vivetive Conveition Associated Dispessed of an Dave	fisially Orman				

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)					Securities Beneficially		7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	05/10/2022		A ⁽¹⁾		135,209	Α	\$0.00	771,674	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr and 5	rative rities ired r osed) . 3, 4	Expiration Date (Month/Day/Year) irites ased 3, 4		and 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Aware of Restricted Stock Units granted under the Allscripts Healthcare Solutions, Inc. 2019 Stock Incentive Plan on May 10, 2022 (the "Grant Date"). The grant vests as 25% on each of the first four anniversaries of the Grant Date.

Remarks:

Holly Teague by power of attorney for Richard Poulton

05/11/2022

** 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.