## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL									
OMB Number:	3235-0287								
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Black Paul			2. Issuer Name <b>and</b> Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 222 MERCH 2024	(First) (Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/25/2014	X Director 10% Owner  Officer (give title below) (specify below)  CEO and President			
(Street) CHICAGO (City)	IL (State)	60654 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person			

	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. Transac Code (Instr. 8)		4. Secur Acquired Dispose (Instr. 3,	d (A) d of	or (D)	5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
			Code	V	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)				
Common Stock	02/25/2014		<b>A</b> <sup>(1)</sup>		67,532	Α	\$ 0	652,949	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. Transac Code (Instr. 8		of Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		ion Amount of Underlying		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: 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				
Performance Rights	(2)	02/25/2014		A		67,532		(2)	12/31/2014	Common Stock	67,532	\$ 0	720,481	D	
Performance Rights	(3)	02/25/2014		A		110,400		(3)	12/24/2014	Common Stock	110,400	\$ 0	830,881	D	

## **Explanation of Responses:**

- 1. Award of service-based Restricted Stock Units granted under the Allscripts Healthcare Solutions, Inc. 2011 Stock Incentive Plan on February 25, 2014 (the "Grant Date"). The award vests 25% per year on each of the first four anniversaries of the date of grant, subject to achievement of a performance goal for the period ending December 31, 2014.
- 2. Each performance right represents a contingent right to recieve one share of MDRX common stock. The performance rights vest upon MDRX's common stock achieving a market price of \$23.09 per share.
- 3. Each performance right represents a contingent right to receive one share of MDRX common stock. The performance rights vesting is based on a ratio of the average closing price over the last five trading days of the performance period.

Kathie Kittner by power of 02/27/2014 attorney for Paul Black \*\* 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.