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

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* Black Paul						2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
			SOLUTIONS, INC							<u>C.</u> [MDRX]						er (give title			specify	
(Last) (First) (Middle) 222 MERCHANDISE MART PLAZA SUITE 2024					3. Date of Earliest Transaction (Month/Day/Year) 03/02/2022								^	X Office (give file Office (Specify below) CEO						
(Street) CHICAG	GO IL	6	60654		4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (ChecLine) X Form filed by One Reporting P Form filed by More than One P Person									orting Pers	on					
(City)	(Sta	ate) (2	Zip)																	
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or E	Benef	iciall	y Own	ed				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date,			Date,	3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (15)					4 and Securit		ties Fo cially (D I Following (I)		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	Amount	(A) (D)	or Pr	ice	Transa	ction(s) 3 and 4)			(
Common Stock 03/02/2						2022					27,038	D	\$	20.12	2 1,449,199			D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
	ive Conversion Date Execution Date, y or Exercise (Month/Day/Year) if any		Code (8)	Transaction of Code (Instr. Derivative		vative prities uired r osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

 $1.\ Withholding\ shares\ solely\ to\ cover\ withholding\ tax\ liabilities\ in\ connection\ with\ the\ vesting\ of\ restricted\ stock\ units\ on\ March\ 2,\ 2022.$

Remarks:

Holly O'Berry by power of attorney for Paul Black

03/04/2022

** 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.