FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB API	PROVAL
l	OMB Number:	3235-028

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	Check this box if no longer subject to
١	Section 16. Form 4 or Form 5
	obligations may continue. See
	Instruction 1(h)

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

1. Name and Address of Reporting Person*  Khorey Lisa				AI	2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [ MDRX ]									Check all	nship of Reporti applicable) pirector officer (give title	ng Per	10% O		
(Last) (First) (Middle) 222 MERCHANDISE MART PLAZA						3. Date of Earliest Transaction (Month/Day/Year) 03/06/2019									b	elow) Chief Client	Deliv	below)	
(Street) CHICAGO IL 60654 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ine) X F F					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution			Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			nd Se Be Ov	Amount of curities neficially vned Following ported	Forr (D) (	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount		(A) or (D)	Price	Tra	ansaction(s) str. 3 and 4)			(11150.4)
Common Stock 03/06/						2019		F <sup>(1)</sup>		3,830 D		\$10	.28	278,325		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)	vative Conversion Date Execution Date, if any			4. Transaction Code (Instr. 8)		of I		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price Derivati Security (Instr. 5	derivative Securities	, [C	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V		(A)	(D)	Date Exercisal		Expiration Date	Title	or Nur of	ount nber ıres					

## Explanation of Responses:

1. Withholding shares solely to cover withholding tax liabilities in connection with the vesting of performance stock units on March 6, 2019.

## Remarks:

<u>Holly O'Berry by power of</u> attorney for Lisa Khorey

03/07/2019

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.