FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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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* Poulton Richard J.						2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX]									ck all app Direc	,	Ü	10% O	
(Last) (First) (Middle) 222 MERCHANDISE MART STE. 2024						3. Date of Earliest Transaction (Month/Day/Year) 03/06/2020									belov			below)	
(Street) CHICAC	GO IL		0654 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person Form filed by More than One Reportin Person									son					
		Table	I - No	n-Deriva	ative S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	ficiall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)				Execution y/Year) if any			cution Date,		3. 4. Securitie Transaction Code (Instr. 8) 5,					5. Amo Securit Benefic Owned Report	ties cially Following	Forn (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	mount (A) or (D)		rice	Transa	Transaction(s) (Instr. 3 and 4)			(111511.4)
Common	Common Stock 03/06/2				2020		F ⁽¹⁾		16,505	I) ;	\$7.64	64 644,493			D			
		Tal									osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			ransaction of Code (Instr. Derivative		rative rities iired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		str.	Price of erivative ecurity estr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	of Share	.					

Explanation of Responses:

 $1.\ Withholding\ shares\ solely\ to\ cover\ withholding\ tax\ liabilities\ in\ connection\ with\ the\ vesting\ of\ restricted\ stock\ units\ on\ March\ 6,\ 2020.$

Remarks:

Holly O'Berry by power of attorney for Richard Poulton

03/09/2020

** 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.