## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OMB API	PROVAL
OMB Number:	3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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*  Poulton Richard J.				<u>AI</u>	2. Issuer Name <b>and</b> Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [ MDRX ]								heck all	nship of Reportir applicable) pirector officer (give title	10%	Issuer Owner r (specify		
(Last) (First) (Middle) 222 MERCHANDISE MART STE, 2024					3. Date of Earliest Transaction (Month/Day/Year) 02/28/2019									X Officer (give title Offier (specify below)  President				
(Street) CHICAG	6O IL		50654 Zip)		_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Che Line)  X Form filed by One Reporting I Form filed by More than One Person						e Reporting Pe	rson					
		Tabl	e I - Noi	n-Deriv	ative	Se	curitie	s Acc	ηuired,	Dis	posed o	f, or	Bene	ficia	ally Ov	vned		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date,				ies Acquired (A) Of (D) (Instr. 3, 4			nd Se Be Ov	Amount of curities neficially vned Following ported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(	A) or D)	Price	Tra	ansaction(s) str. 3 and 4)		(iiisti. 4)
Common Stock 02			02/28	/28/2019				A <sup>(1)</sup>		186,56	68 A \$0.		.00 498,405(2)		D			
		Та									sed of, onvertib				y Own	ed		
1. Title of Derivative Security (Instr. 3)  2. Conversi or Exerci Price of Derivative Security		ercise (Month/Day/Year) of ative	3A. Deemed Execution Date if any (Month/Day/Ye	Date,	4. Transaction Code (Instr. 8)		n of E		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	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Num of Sha	ber				

## **Explanation of Responses:**

- 1. Award of service-based Restricted Stock Units granted under the Allscripts Healthcare Solutions, Inc. 2011 Stock Incentive Plan on February 28, 2019 (the "Grant Date"). The award vests 33% per year on each of the first three anniversaries of the Grant Date.
- 2. The beneficial ownership number includes 712 shares obtained through the reporting person's involvement in the Company's Employee Stock Purchase Plan.

## Remarks:

<u>Holly O'Berry by power of</u> <u>attorney for Richard Poulton</u>

03/04/2019

\*\* 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.