FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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

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 or Section 30(h) of the Investment Company Act of 1940

1. Name ar	ALL	2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [ MDRX ]									neck all	nship of Reporti applicable) Director Officer (give title	ng Pe	10% C						
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									A b	elow)		below)		
222 MERCHANDISE MART PLAZA						02/18/2014										CEO and President				
SUITE 20	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)									
(Street)																X Form filed by One Reporting Person				
CHICAG	O IL	6	0654			I										orm filed by More than One Reporting erson				
(City)	(Sta	ate) (Z	Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired Disposed Of (D) (Instr. and 5)						Se Be Ov	Amount of curities eneficially wned bllowing	Forr (D) o	ownership m: Direct or irect (I) tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
	Code	v	Amount					(A) or (D)	Price	Re Tr	eported ansaction(s) astr. 3 and 4)	(	,	(						
Common Stock 02/18/2						2014			<b>A</b> <sup>(1)</sup>		47,35	6	A	\$(		585,417(2)		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)	ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any		4. Transac Code (Ir 8)	saction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)  Amount or Numbi of Title Shares		ount nber	8. Price of Derivat Securit (Instr. 5	derivative ive Securities y Beneficially	/ F	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

## Explanation of Responses:

- 1. On December 24, 2012 (the "Grant Date"), the reporting person was granted performance-based restricted stock units ("PSUs"), the vesting of which was subject to both continued service and the degree to which a relative total shareholder return target was attained for each of the three annual periods commencing on the Grant Date. The acquisition of shares of the Issuer's common stock represents the vesting of PSUs for the performance period ending one year from the Grant Date.
- $2. \ The beneficial \ ownership \ number \ includes \ 1770 \ shares \ obtained \ through \ the \ reporting \ person's \ involvement \ in \ the \ Company's \ Employee \ Stock \ Purchase \ Plan.$

Kathie Kittner by power of attorney for Paul Black

02/20/2014

\*\* 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.