FORM 4

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

Instruction 1(b)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|--|
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| Estimated average burden | | | | | | | | | |
| hours per response | : 0.5 | | | | | | | | |

| | | | | or Section 30(h) of t | hè Ínves | tment | Company Ac | t of 194 | 0 | | | |
|---|------------|--|---|---|------------------|--------|---|--|---|---|------------------------|--|
| 1. Name and Address of Reporting Person* Khorey Lisa (Last) (First) (Middle) 222 MERCHANDISE MART PLAZA | | | 2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX] 3. Date of Earliest Transaction (Month/Day/Year) 11/18/2020 | | | | | | elationship of Reporting the All applicable) Director Officer (give title below) Chief Client I | 10% (Other below | Owner (specify) | |
| (Street) CHICAGO (City) | IL (State) | 6065 (Zip) | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | r) 6. In Line | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | |
| Date | | 2. Transaction Date (Month/Day/Yea | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 and 1) | | | 5. Amount of Securities Beneficially Owned Following Reported | 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 | Transaction(s) (Instr. 3 and 4) | (IIISU: 4) | (111501.4) | |
| Common Stock | | | 11/18/2020 | | S ⁽¹⁾ | | 15,000 | D | \$12.7464 ⁽ | 251,626 | D | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts. calls. warrants, options, convertible securities) | | | | | | | | | | | | |

2. Conversion

or Exercise Price of

Derivative

Security

3. Transaction Date

(Month/Day/Year)

Explanation of Responses: 1. The sale of shares reported in the Form 4 were pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 13, 2019 as amended.

Code

Transaction

Code (Instr.

8)

2. These transactions were executed in multiple trades at prices ranging from \$12.615 to \$12.90. The prices reported reflect the weighted average sale price on the transaction date. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transactions were effected.

Date

Exercisable

5. Number

Derivative

Securities Acquired

(A) or Disposed

of (D) (Instr. 3, 4

(D)

and 5)

(A)

6. Date Exercisable and

Expiration

Date

Expiration Date

(Month/Day/Year)

Remarks:

1. Title of

Derivative

Security (Instr. 3)

Holly O'Berry by power of attorney for Lisa Khorey

7. Title and

Amount of

Securities

Underlying

Security (Instr. 3 and 4)

Amount Number

Shares

Derivative

Title

8. Price of

Derivative

Security (Instr. 5)

9. Number of

derivative

Securities

Following

Reported

Transaction(s) (Instr. 4)

Owned

Beneficially

11. Nature

of Indirect

Beneficial

Ownership (Instr. 4)

Ownership

Form: Direct (D)

or Indirect

(I) (Instr. 4)

11/19/2020

** Signature of Reporting Person

Date

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

3A. Deemed

Execution Date.

if any (Month/Day/Year)

- * 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.