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	2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [ MDRX ]									(Ch	eck all ap	oplicable) ector	10%	Person(s) to Issuer  10% Owner  Other (specify				
(Last) (First) (Middle) 222 MERCHANDISE MART PLAZA						3. Date of Earliest Transaction (Month/Day/Year) 03/23/2017									A bel	Officer (give title Other below) below;  SVP General Counsel & Corp.		w)
SUITE 20	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. I Lin	Individual or Joint/Group Filing (Check Applicable							
(Street) CHICAGO IL 60654														For	Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(St	ate) (Z	ľip)															
		Tabl	e I - N	lon-Deriv	ative	Secu	ıritie	s Acc	uired,	Dis	posed of	f, or E	3ene	eficia	lly Owr	ned		
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)						Execution Da			3. Transaction Code (Instr. 8)		4. Securities Acquired Disposed Of (D) (Instr. and 5)				Secu Bend Own	mount of rities eficially ed owing	6. Ownershi Form: Direc (D) or Indirect (I) (Instr. 4)	
				Code	v	Amount	(A (D	) or )	Price	Repo Tran	orted saction(s) r. 3 and 4)	(111301 : 4)	(1134: 4)					
Common	017				S <sup>(1)</sup>		852		D	\$11.6	55 2	217,861	D					
Common	017				<b>S</b> <sup>(1)</sup>		14,148	3 ]	D	\$11.6	53 2	203,713	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, h/Day/Year)	4. Transa Code (I 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable ar Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		str.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr.	Beneficial Ownership
				Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or	nber					

## Explanation of Responses:

## Remarks:

Holly O'Berry by power of attorney for Brian Farley

03/24/2017

\*\* Signature of Reporting Person Date

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

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.

<sup>1.</sup> 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 14, 2016.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).