FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average I | hurdon | | | | | | | | |

0.5

hours per response:

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

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

| | | | | | or S | Section | 30(h) | of the | Investme | ent Co | mpany Act | of 1940 | | | | | | |
|--|---|--|------------------------|----------|---|---|---|--|--|--------|--------------------|---|------------------------|--|------------------------------------|---|---|--|
| 1. Name and Address of Reporting Person* Farley Brian | | | | | AL | 2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX] | | | | | | | | Check | all app | olicable) | g Person(s) to Is | |
| (Last) (First) (Middle) 222 MERCHANDISE MART PLAZA SUITE 2024 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/14/2018 | | | | | | | | X | belov | N) | below ounsel & Corp |)`` |
| (Street) CHICAG | CHICAGO IL 60654 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - N | on-Deriv | ative | Sec | uritie | s Ac | quired | l, Di | sposed o | f, or B | enefici | ally | Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day) | | | | | Executi | | Date, | 3. Transaction Code (Instr. 8) 4. Securitie Disposed C | | | | | and 5) Secu Bene | | icially d Following | 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) | | | (11150: 4) |
| Common Stock 06/14/20 | | | | | 018 | | S ⁽¹⁾⁽²⁾ | | 5,000 | D | \$12.2 | 2258 | 24 | 47,673 | D | | | |
| | | Та | ble II | | | | | | | | osed of, convertib | | | | vned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, if any | | 4. Transaction Code (Instr. B) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | rative crity 5 | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | V | (A) | (D) | Date | abla | Expiration | Title | Number of Shares | | | | | |

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 May 24, 2017.
- 2. These transactions were executed in multiple trades at prices ranging from \$12.05 to \$12.32. 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.

Remarks:

Holly O'Berry by power of attorney for Brian Farley

06/18/2018

** 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.