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 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).

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* <u>Hammond Lisa</u> | | | | 2. Issuer Name and Ticker or Trading Symbol Veradigm Inc. [MDRX] | | | | | | | (Chec | k all app Direc | licable) | ng Person(s) to Is | | wner | | | |
|--|--|---------|----------|---|---|---|---------------------------|--------------------------------|---|-------------------------------------|--|---|---|---|---|------|--|---------------------------------------|--|
| (Last) | (Fir | , | /liddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/03/2024 | | | | | | | X | below | r) `` | Other (below) | | вреспу | | |
| SUITE 2024 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | GO IL | 6 | 0654 | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Report Person | | | | | - 1 | |
| (City) | (St | ate) (Z | iip) | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | nded to | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | ay/Year) Exec | | Deemed ecution Date, ny onth/Day/Year) | | | | es Acquired (A Of (D) (Instr. 3, | | | 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) (D) | or Pri | се | Transa | ection(s) 3 and 4) | | | (instr. 4) | |
| Common Stock 05/03/2 | | | | | /2024 | | | F ⁽¹⁾ | | 2,105 | D | \$ | 7.7 | 7.7 68,78 | | | 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) | Derivative Conversion Date Security or Exercise (Month/Day/Year) Execution Date, if any | | | Transaction Code (Instr. 8) S A A (# | | of Deriv | r osed) r. 3, 4 | Expiration Day (Month/Day/Y | | te | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Der Sed (Ins | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4) | y C | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code V | | (A) | (D) | | | Expiration Date | Title | Amoun or Numbe of Shares | r | | | | | |

Explanation of Responses:

1. Withholding shares solely to cover withholding tax liabilities in connection with the vesting of restricted stock units on May 3, 2024.

Holly Teague by power of attorney for Lisa Hammond

05/06/2024

Date

** Signature of Reporting Person

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.