FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
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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 and Address of Reporting Person* Olis Dennis (Last) (First) (Middle) 222 MERCHANDISE MART PLAZA SUITE 2024 (Street) CHICAGO IL 60654						2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX] 3. Date of Earliest Transaction (Month/Day/Year) 11/12/2015 4. If Amendment, Date of Original Filed (Month/Day/Year)									X	SVP of O Individual or Joint/Group ie) X Form filed by One			10% Owner Other (specify below) Derations O Filing (Check Applicable O Reporting Person O the than One Reporting	
(City)	(State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					tion	ion 2A. Deemed Execution Date,			3. Transact Code (In 8)	4. Secur Dispose and 5)		rities Acquired (And Of (D) (Instr. 3			5. Am. Secur Benef Owned Follow Report		nount of 6 rities F ficially (I d II wing (I		Ownership rm: Direct or irect (I) str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
	01.5				(1)		6.504	\dashv	(D)		1.6	(Instr. 3 and 4)								
Common Stock 11/12/2									F ⁽¹⁾		6,596	-	D \$1					_	D	
Common	015				F ⁽¹⁾		6,596		D	\$14.6		200,238			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)	rivative Conversion Date Execution (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		of Deriv Secur Acqu (A) or Dispo	r osed) r. 3, 4			te	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) Amount or Numbor of Shares		ount			9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

Remarks:

Holly O'Berry by power of attorney for Dennis Olis

11/13/2015

** Signature of Reporting Person

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.

^{1.} Withholding shares solely to cover withholding tax liabilities in connection with the vesting of restricted stock units on November 12, 2015.

^{*} 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).