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	ALL	2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX]									heck a	tionship of Reporting all applicable) Director Officer (give title		ng Pe	g Person(s) to Issuer 10% Owner Other (specif					
(Last) (First) (Middle) 222 MERCHANDISE MART PLAZA						3. Date of Earliest Transaction (Month/Day/Year) 03/06/2017									X	below) Chief Financia			below)	`' '
SUITE 20	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)									
(Street)												X Form filed by One Reporting Person								
CHICAG	O IL	IL 60654														Form filed by More than One Reporting Person				
(City)	(Sta	ate) (Z	Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/						Execut		Date,	3. Transaction Code (Instr. 8) 4. Securitie Disposed C and 5)					3, 4 S		5. Amount of Securities Beneficially Owned Following		wnership m: Direct or rect (I) tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A (D	.) or)	Price		Reported Transaction(s) (Instr. 3 and 4)		(11130	u. 4)	(mau. 1)
Common Stock 03/06/2						017					54,485	5	A \$0.		00	135,196			D	
Common Stock 03/06/20						017			F ⁽²⁾		8,547		D	\$11.	.93	126,649			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)	vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		5. Nu of Deriv Secur Acqu (A) or Dispo of (D) (Instrand 5	rities ired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)			8. Pri of Deriv Secur (Instr	ative	derivative Securities y Beneficially		IO. Dwnership Form: Direct (D) or Indirect I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or	ount nber res						

Explanation of Responses:

- 1. Award of service-based Restricted Stock Units granted under the Allscripts Healthcare Solutions, Inc. 2011 Stock Incentive Plan on March 6, 2017 (the "Grant Date"). The award vests 33% per year on each of the first three anniversaries of the Grant Date, subject to achievement of a performance goal for the period ending December 31, 2017
- 2. Withholding shares solely to cover withholding tax liabilities in connection with the vesting of performance stock units on March 6, 2017.

Remarks:

Holly O'Berry by power of attorney for Melinda

03/08/2017

Whittington

** 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.