FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-028								
Estimated average b	urden								

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

37 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response: 0.5

1. Name and Address of Reporting Person* Khorey Lisa (Last) (First) (Middle) 222 MERCHANDISE MART PLAZA					2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX]										heck all ap	pplicable) ector	10%	g Person(s) to Issuer 10% Owner	
					3. 🗅	3. Date of Earliest Transaction (Month/Day/Year) 11/14/2018									^ belo	Officer (give title below) Chief Client Delivery		r (specify v) cer	
(Street) CHICAGO IL 60654 (City) (State) (Zip)							4. If Amendment, Date of Original Filed (Month/Day/Year)								G. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	le I - Nor	n-Deriv	ative	Se	curitie	s Acc	quired,	Disp	posed o	f, or	Bene	eficia	lly Own	ed			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date			, Transaction Disposed Code (Instr. 5)			rities Acquired (A) ed Of (D) (Instr. 3,			nd Secu Bene	rities ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount (A) (C)		(A) or (D)	Price	Trans	action(s) . 3 and 4)		(ilisti. 4)	
Common Stock 11/14/					4/2018						4,263	3	D \$9.9		9.9 163,049		D		
		Та	able II - D								sed of, onvertib				/ Owned	i			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	on Date Ex (Month/Day/Year) if a	Execution if any	Execution Date, f any		4. Transaction Code (Instr. 8)		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) Date Expiration			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		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. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

1. Withholding shares solely to cover withholding tax liabilities in connection with the vesting of restricted stock units on November 14, 2018.

Remarks:

Holly O'Berry by power of attorney for Lisa Khorey

11/16/2018

** 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.