Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| | STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|---------------------------------|------------------------------------|------------------|
| to Section 16. Form 4 or Form 5 | | |
| obligations may continue. See | | |

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* Stevens David B (Last) (First) (Middle) 222 MERCHANDISE MART PLAZA | | | | | 2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX] 3. Date of Earliest Transaction (Month/Day/Year) 06/27/2022 | | | | | | | | | k all app Direc | tor er (give title | ng Pe | 10% O Other (below) | wner | | |
|--|---|--|--------------------------|----------|--|--|-------------|---------------------------|--------------------------------------|-----------------|-----------------------|--|---------------------------|--------------------|---|--|----------------------------|--|--|--|
| (Street) CHICAGO IL 60654 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) X | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | 3enef | icially | y Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | Execui y/Year) if any | | Deemed cution Date, y nth/Day/Year) | | | | es Acquired (A) Of (D) (Instr. 3, | | | 5. Amo Securit Benefic Owned Report | ies ially Following | Forn (D) c | wnership m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Transa | ction(s) 3 and 4) | | | (111341.4) | |
| Common Stock | | | 06/27/2 | 2022 | | | | A ⁽¹⁾ | | 12,756 | A | A 5 | \$0.00 | 75 | 5,518 | | D | | | |
| | | Tal | | | | | | | | | osed of, convertib | | | | Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Exercise (Month/Day/Year) if any (Month/Day/Year) if any | | on Date, | Transaction Code (Instr. 8) S A (### Code (Ins | | of Deriv | r osed) r. 3, 4 | 6. Date Expirati (Month/ | ion Da Day/Y | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | nt er | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. Restricted stock units award with vesting that will occur on the one year anniversary of the grant date.

Remarks:

Holly Teague by power of attorney for Dave Stevens

06/28/2022

** 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.