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 and Address of Reporting Person* Olis Dennis (Last) (First) (Middle) 222 MERCHANDISE MART PLAZA SUITE 2024						Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX] Date of Earliest Transaction (Month/Day/Year) 11/12/2016 4. If Amendment, Date of Original Filed (Month/Day/Year)									X	Office below	plicable) ctor eer (give title w) VP of Strategic		Person(s) to Issuer 10% Owner Other (specify below) c Initiatives Gling (Check Applicable		
(Street) CHICAG (City)	Street) CHICAGO IL 60654														ne) X	Form	Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - N	lon-Deriv	ative \$	Secu	ıritie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally	Owne	ed				
1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/						Execution Da			3. Transaci Code (In 8)		4. Securities Acquired (Disposed Of (D) (Instr. and 5)				3, 4 Se Be Ov		ecurities Beneficially Owned		wnership n: Direct or rect (I) tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	Amount	(A (C	A) or))	Price	Repo Trans				-,)	(111501. 4)					
Common	Stock	016				F ⁽¹⁾		6,341		D	\$10.2		5 204,546		D						
Common	016				F ⁽¹⁾		6,341		D	\$10.2		198,205			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)	tive Conversion Date ty or Exercise (Month/Day/Year) if any			5. Number of Official Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Inst. 3 and 4) Amount or Numb of Share		ount			9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		0. Ownership Form: Oirect (D) Or Indirect I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

Remarks:

Holly O'Berry by power of attorney for Dennis Olis

11/15/2016

** Signature of Reporting Person Da

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, 2016.

^{*} 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).