FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Name and Address of Reporting Person*     Black Paul						2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [ MDRX ]									5. Relationship of Report (Check all applicable)  X Director  V Officer (give title			n(s) to Is  10% O	wner	
	(Last) (First) (Middle) 222 MERCHANDISE MART PLAZA SUITE 2024					3. Date of Earliest Transaction (Month/Day/Year) 02/26/2021										X Officer (give title below) below)  CEO				
(Street) CHICAC	GO IL		0654 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)										Form filed by One Reporting Person Form filed by More than One Reporting Person					
	`			n-Deriva	tive :	Secui	rities	Acc	uired	. Dis	sposed of,	or E	Benef	icially	/ Own	ed				
1. Title of Security (Instr. 3) 2. Tran				2. Transact	ction 2A. I Exec ay/Year) if an		A. Deemed xecution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A)		or	5. Amount of		6. Owne Form: D (D) or In (I) (Instr.	irect direct 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) (D)	or Pi	rice	Transa	ction(s) 3 and 4)			(Instr. 4)		
Common	Stock		02/26/2021				A		178,572(1)	A	. 5	\$0.00	1,8	12,265	D					
Common Stock				02/26/2021				F		20,019(2)	D	\$	1,79		3,246(3)	D				
Common	Common Stock 02/27/20								F		14,560(4)	D	\$	15.43	.43 1,778,686		D			
Common Stock 02/28/2						021					29,847 <sup>(5)</sup> D		\$	15.43	5.43 1,748,83		339 D			
Common Stock 02/28/2						021			F		36,707(5)	D	\$	15.43	1,712,132		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)				Transa Code	nsaction de (Instr.		rative rrities sired r osed ) r, 3, 4	6. Date Expira (Month	tion D		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dire or I (I) (	nership m: ect (D) ndirect Instr. 4)	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Amou or Numb of Title Share		er							
Explanation	n of Respons	ses:																		

- 1. Award of service-based Restricted Stock Units granted under the Allscripts Healthcare Solutions, Inc. 2019 Stock Incentive Plan on February 26, 2021. The award vests 33% per year, with the first 33%
- of the award vesting on February 26, 2022 and the second and third 33% portions of the award vesting on February 8, 2023 and February 8, 2024, respectively.
- 2. Withholding shares solely to cover withholding tax liabilities in connection with the vesting of restricted stock units on February 26, 2021. 3. The beneficial ownership number includes 1,000 shares obtained through the reporting person's involvement in the Company's Employee Stock Purchase Plan.
- 4. Withholding shares solely to cover withholding tax liabilities in connection with the vesting of restricted stock units on February 27, 2021.
- 5. Withholding shares solely to cover withholding tax liabilities in connection with the vesting of restricted stock units on February 28, 2021.

## Remarks:

Holly O'Berry by power of attorney for Paul Black

03/01/2021

\*\* 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.