FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 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 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

| 1. Name ar Black I | Solutions (Month/Day/Year) 2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | | Relationship of Report Check all applicable) X Director Officer (give title below) | | | ng Person(s) to Issuer 10% Owner Other (spec below) | | | | | | |
|--|--|-------|-------|------------|--|---|---|---------|------------|--------------------------------------|----------|--|---|--|--|--|--|--|--|---|--|
| 222 MERCHANDISE MART PLAZA SUITE 2024 | | | | | 06/06/2022 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | |) 6 | . Indiv | idual or | · Joint/Group | o Filin | g (Check A | pplicable | |
| (Street) | treet) HICAGO IL 60654 | | | | | | | | | | | | | ine) X | Form | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | | Zip) | | | | | | | | | | | | | | | | | | |
| | | Table | 1 - 1 | Non-Deriva | tive | Secui | rities | Ac | quir | ed, D |)isį | posed o | f, or I | Benefic | ially | Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | | ar) E | 2A. Deemed Execution Date if any (Month/Day/Ye | | Code (I | | | | | | | nd 5) Secur Benef | | ities Fo icially (D) d Following Inc | | n: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code V | | An | nount | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | (111511. 4) | |
| Common Stock | | | | 06/06/2022 | | | | | S | | 65,450 D | | D | \$17.305(1) | | 1,389,631 | | | D | | |
| Common Stock 06 | | | | 06/07/202 | 22 | | | | S | | 7 | 75,000 | D | \$17.35 | 01(2) | (2) 1,314,631 | | | 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) | rative Conversion Date Execution Date, if any | | | | ransaction ode (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | oiration | kercisable and n Date ay/Year) | | Amo Secu Unde Deriv | rlying ative rity (Instr. I 4) | Deri Sec (Ins | rice of vative urity tr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Dat Exe | e ercisab | le | Expiration Date | Title | Amount or Number of Shares | | | | | | | |

Explanation of Responses:

- 1. These transactions were executed in multiple trades at prices ranging from \$17.300 to \$17.398. The prices reported reflect the weighted average sale price on the transaction date. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transactions were effected.
- 2. These transactions were executed in multiple trades at prices ranging from \$17.35 to \$17.36. The prices reported reflect the weighted average sale price on the transaction date. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transactions were effected.

Remarks:

Holly Teague by power of attorney for Paul Black

06/07/2022

** 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.