FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	burden								

0.5

hours per response:

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

1. Name and Address of Reporting Person* <u>Spruill Yancey L.</u>					AI	2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [ MDRX ]									eck all ap	tionship of Reportin all applicable) Director Officer (give title below)		g Person(s) to Issuer 10% Owner Other (spec below)	
(Last) (First) (Middle) 222 MERCHANDISE MART PLAZA					3. Date of Earliest Transaction (Month/Day/Year) 05/24/2019														
(Street) CHICAG (City)			50654 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	e) <mark>X</mark> Forr Forr	al or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Tabl	e I - Non	-Deriv	ative	Sec	curitie	s Ac	quired,	Dis	posed o	f, or I	3ene	ficial	ly Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquire Disposed Of (D) (Instr. 5)					Secur Benef Owne	5. Amount of Securities Beneficially Owned Following Reported		rship irect direct . 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A (D	) or ) Price		Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 05/24/					/2019	2019		A <sup>(1)</sup>		19,628 A		A	\$0.0	00 79,471		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Date,		ransaction Code (Instr.		n of		6. Date Exercisa Expiration Date (Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		tr. 3	B. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct ( or Indir (I) (Inst	n: ct (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Shar	ber					

## Explanation of Responses:

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

## Remarks:

Holly O'Berry by power of attorney for Yancey Spruill

05/29/2019

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.