FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
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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* Farley Brian (Last) (First) (Middle) 222 MERCHANDISE MART PLAZA SUITE 2024					3. Dai 02/2	2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX] 3. Date of Earliest Transaction (Month/Day/Year) 02/24/2016 4. If Amendment, Date of Original Filed (Month/Day/Year)									X	Office below	er (give title		10% Owner Other (specify below)	
(Street) CHICAG (City)			0654 Zip)												X	Form	Form filed by One Reporting Person Form filed by More than One Reporting Person			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					on 2A. Deemed Execution Date,			3. 4. Securities Acquired Disposed Of (D) (Instr. 8)					d (A)	or	5. Am Secur Benef Owner	ount of ities icially	Form (D) or Indire	ect (I)	7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount	(A) or (D)		Price	•	Following Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)			
Common Stock 02/24/20)16			A ⁽¹⁾		52,462		A	\$ <mark>0</mark> .	0.00 1		55,967		D	
Common Stock 02/24/20						016			F ⁽²⁾		2,383 D		\$12	.39	39 153,584		D			
Common Stock 02/24/20					016				A ⁽³⁾		2,251		A	\$0.00		155,835		D		
Common Stock 02/24/20					016			F ⁽²⁾		679		D	\$12	2.39 1		55,156		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		Execu if any	eemed tion Date, h/Day/Year)	4. Transac Code (I	ction	5. Nu of Deriv Secu Acqu (A) o Dispe	rative rities ritied r osed)	Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Inst. 3 and 4) Amou		nstr.	8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		wnership orm: rect (D) Indirect (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

- 1. Award of service-based Restricted Stock Units granted under the Allscripts Healthcare Solutions, Inc. 2011 Stock Incentive Plan on February 24, 2016 (the "Grant Date"). The award vests 33% per year on each of the first three anniversaires of the date of grant, subject to achievement of a performance goal for the period ending December 31, 2016.
- 2. Withholding shares solely to cover withholding tax liabilities in connection with the vesting of performance stock units on February 24, 2016.
- 3. On February 25, 2014 (the "Grant Date"), the reporting person was granted performance-based restricted stock units ("PSUs"), the vesting of which was subject to both continued service and performance measure of a combination of 50% non-GAAP adjusted EBITDA and 50% non-GAAP revenue targets were attained for each of the three annual periods commencing on the Grant Date. The acquisition of shares of the Issuer's common stock represents the vesting of PSUs for the performance period ending one year from the Grant Date.

Remarks:

Holly O'Berry by power of attorney for Brian Farley

02/26/2016

** 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.