FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
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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(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

Name and Address of Reporting Person* Black Paul						2. Issuer Name and Ticker or Trading Symbol ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX]										all app Direc	olicable) ctor		Owner
		st) (N E MART PLAZ	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/06/2017										X	Officer (give title below)		below EO	(specify ()
SUITE 2024 (Street) CHICAGO IL 60654						4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	ate) (Z	Zip)																
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					on 2A. Deemed Execution Date,			3. Transac Code (Ir 8)	tion					(A) or 3, 4 and		ount of ities ficially d	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		(A) or (D)	Pric	e			(Instr. 4)	(Instr. 4)
Common Stock			03/06/20)17			A ⁽¹⁾		209,55	66 A		\$0.00		00 1,403,677		D			
Common Stock				03/06/2017				F ⁽²⁾		28,215		D	\$11.93		1,375,462		D		
Common Stock				03/06/2017				F ⁽²⁾		14,362		D	\$11.93		1,361,100		D		
Common Stock 0:			03/06/20	2017				F ⁽²⁾		7,082		D	\$11.93		1,354,018		D		
Common Stock 03/06			03/06/20	.017				F ⁽²⁾		16,919		D	\$11.93		1,337,099		D		
Common Stock 03/06/				03/06/20	017				A ⁽³⁾		58,531		A	\$0.00		1,395,630		D	
Common Stock 03/06/2				03/06/20	017			F ⁽²⁾		15,857		D	\$11.93 1,		1,3	80,773(4)	D		
		Та	ble II ·	- Derivati (e.g., pu												wned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Executi if any	3A. Deemed Execution Date, if any (Month/Day/Year)		etion nstr.	5. Number n of			xerci	sable and			d f g	8. P of Der	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
						de V (A)		(D)	Date Exercisa		Expiration Date	Title	or Nu of	lumber					

Explanation of Responses:

- 1. Award of service-based Restricted Stock Units granted under the Allscripts Healthcare Solutions, Inc. 2011 Stock Incentive Plan on March 6, 2017(the "Grant Date"). The award vests 33% per year on each of the first three anniversaries of the Grant Date, subject to achievement of a performance goal for the period ending December 31, 2017.
- 2. Withholding shares solely to cover withholding tax liabilities in connection with the vesting of performance stock units on March 6, 2017.
- 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 a performance measure of a combination of 50% non-GAAP adjusted EBITDA and 50% non-GAAP revenue targets being attained for successive one-year, two-year and three-year performance periods commencing on the Grant Date. The acquisition of shares of the Issuer's common stock represents the vesting of PSUs for the three-year performance period ending three years from the Grant Date.
- 4. The beneficial ownership number includes 1,000 shares obtained through the reporting person's involvement in the Company's Employee Stock Purchase Plan.

Remarks:

Holly O'Berry by power of attorney for Paul Black

03/08/2017

** 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.