

OMB APPROVAL	
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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* <u>HEWITT JAMES</u> <hr/> (Last) (First) (Middle) <u>222 MERCHANDISE MART PLAZA</u> <u>SUITE 2024</u> <hr/> (Street) <u>CHICAGO IL 60654</u> <hr/> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) Other (specify below) X <u>SVP Development</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>02/24/2016</u>	
4. If Amendment, Date of Original Filed (Month/Day/Year) <u>02/26/2016</u>		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	02/24/2016		A ⁽¹⁾		64,569	A	\$0.00	245,233	D	
Common Stock	02/24/2016		F ⁽²⁾		1,750	D	\$12.39	243,483	D	
Common Stock	02/24/2016		A ⁽³⁾		3,038	A	\$0.00	246,521	D	
Common Stock	02/24/2016		F ⁽²⁾		917	D	\$12.39	245,604	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 Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V		Date Exercisable	Expiration Date					

Explanation of Responses:

- 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 anniversaries of the date of grant, subject to achievement of a performance goal for the period ending December 31, 2016.
- Withholding shares solely to cover withholding tax liabilities in connection with the vesting of performance stock units on February 24, 2016
- 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:

This amendment is being filed to correct an inadvertent error and properly reflect the acquired number of securities.

Holly O'Berry by power of attorney for James Hewitt 02/29/2016

** 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.