Edgar Filing: Farley Brian - Form 4

Farley Brian												
Form 4	10											
March 04, 20												
FORM	4 INTE	р статес	GECUD	TTIEC A	ND EVO	TT A N		COMMISSION		PPROVAL		
	Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287			
Check this box if no longer									Expires:	January 31, 2005		
subject to Section 16. STATEMENT OF CH				GES IN SECUR		CIAI	L OW	NERSHIP OF	Estimated average burden hours per			
Form 4 or Form 5	Form 4 or						response 0.5					
obligation							-	e Act of 1934, f 1935 or Sectio	n			
may conti	nue.			•	Company				11			
See Instru 1(b).	ction	50(11)	or the m	vestment	company	1 100	0117					
(Print or Type R	esponses)											
1. Name and Address of Reporting Person _ 2. I Farley Brian Symil				Name and	Ticker or T	rading	g	5. Relationship of Reporting Person(s) to Issuer				
				ALLSCRIPTS HEALTHCARE SOLUTIONS, INC. [MDRX]					(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction Director				10% Owner					
222 MERCHANDISE MART			(Month/Day/Year) 02/28/2019					_X_Officer (give title _X_ Other (specify below) below)				
PLAZA, SU		IN I	02/28/20)19				EVP General C Admin	Counsel & Corp			
(Street) 4. If A			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
			Filed(Mon	th/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person				
CHICAGO,	IL 60654							_X_ Form filed by C Form filed by M Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	· · · · · · · · · · · · · · · · · · ·					5. Amount of Securities Beneficially	6. Ownership Form: Direct (D) or				
(11511-5)	any (Month/		Day/Year)		(Instr. 8) (Instr. 3, 4 and 5) (A)			Owned Following Reported Transaction(s)	Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	02/28/2019			A <u>(1)</u>	93,284		\$0	316,444	D			

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Titl Amou Under Secur (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Farley Brian 222 MERCHANDISE MART PLAZA SUITE 2024 CHICAGO, IL 60654			EVP General Counsel & Corpora	Chief Administrative Officer				
Signatures								
Holly O'Berry by power of attorney for Farley	or Brian	L	03/04/2019					
** Signature of Reporting Person			Date					
Explanation of Respo	neo	. .						

Explanation of Responses:

- * 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).
- (1) Award of service-based Restricted Stock Units granted under the Allscripts Healthcare Solutions, Inc. 2011 Stock Incentive Plan on February 28, 2019 (the "Grant Date"). The award vests 33% per year on each of the first three anniversaries of the Grant Date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.