FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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 OF SECURITIES

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 * CLARK HOWARD LONGSTRETH JR		ME	2. Issuer Name and Ticker or Trading Symbol MEDICAL TRANSCRIPTION BILLING, CORP [MTBC]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_Director Officer (give title below) Other (specify below)				
607 W. LYON FARM DRIV	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 07/28/2014										
(Street) GREENWICH, CT 06831		4. If	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State)	(Zip)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/	Execution (Year)	Deemed cution Date, if onth/Day/Year)	3. Transa Code (Instr. 8)	action	4. Secur (A) or I (D)	rities Acquisposed (3, 4 and 5)	equired 5. Amount of Secu Beneficially Owne Reported Transacti		ount of Securities cially Owned Following ed Transaction(s) 3 and 4) 6. Owne Form Direct		6. Ownership Form: Direct (D)	\ /
				Code	V	Amoun	(A) or (D)	Price			or Indirect (Instr. 4) (I) (Instr. 4)		Instr. 4)
Common Stock, \$0.001 par value	07/28/2014			P		1,000 (1)	A	\$ 5	1,000			D	
Reminder: Report on a separate line	e for each class of	securities b	beneficially ow	vned direc	Perso	ons wh	o respor			ction of inf			474 (9-02)
Reminder: Report on a separate line		II - Deriva	vative Securitie	es Acquir	Perso conta the fo	ons whained ir	o respor this for splays a o	m are curre eficial	not requesting ntly valid	uired to res OMB cont	ormation spond unle trol numbe	ss	474 (9-02)
1. Title of 2. 3. Transac Derivative Conversion Date	tion 3A. Dee Execution any/Year)	II - Deriv (<i>e.g.</i> , _I	vative Securities puts, calls, wa 4	es Acquir rrants, op 5.	Persoconta the fo ed, Dis- otions, o 6. Data and E (Mon	ons whained ir	or resport this for splays a coof, or Benetible securicisable on Date	eficial rities) 7. Ti Amo Und Secu	not requesting ntly valid	OMB conf	spond unle	of 10. Ownersh Form of Derivativ Security: Direct (D or Indirec	11. Nature of Indire Benefic Owners! (Instr. 4

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
CLARK HOWARD LONGSTRETH JR 607 W. LYON FARM DRIVE	X					
GREENWICH, CT 06831						

Signatures

/s/ Howard L. Clark, Jr.	07/30/2014
**Signature of Reporting Person	Date

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) Reporting Person purchased the securities through the Directed Share Program conducted in connection with the Issuer's initial public offering.

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.