# FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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 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

ì	pe Response														
1. Name and Address of Reporting Person * HAQ MAHMUD UL				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 _X_Officer (give title below) Other (specify below) Chief Executive Officer				
	(Last) (First) (Middle) 7 CLYDE ROAD			3. Date of Earl 01/04/2016	3. Date of Earliest Transaction (Month/Day/Year) 01/04/2016							Cine	Executive (	omcer	
SOMERS	SET, NJ 08	(Street)		4. If Amendme	ent, D	Oate Origin	nal Filed	(Month/E	Day/Year)	- -	X_ Form file	ed by One Repo	Group Filing rting Person One Reporting		ble Line)
(City	·)	(State)	(Zip)		Tab	le I - Nor	ı-Deriva	tive Se	curities	Acqui	red, Dispo	sed of, or I	Beneficially	Owned	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		e, if	(Instr. 8)				of (D) Benefici Reported		unt of Securities ially Owned Following d Transaction(s)		6. Ownership Form:	Beneficial
				(Month/Day/Year)		Code	V A	Amount (A) or (D)		Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	
~	Stock		01/04/2016			A	7:	5,000	A	\$0	4,896,07	70		D	
Reminder:		separate line fo	or each class of secu	rities beneficiall	y owr		Person	s who	respo			ction of inf			1474 (9-02)
		separate line fo	Table II -	Derivative Seco	urities	s Acquire	Person contain the form	s who ned in m disp	responding this for Ben	rm are curren	not requ itly valid	ired to res	ormation pond unle rol numbe	ss	1474 (9-02)
Reminder:	Report on a s	3. Transaction	Table II -  n 3A. Deemed Execution Day any		surities 5. war 5. don N of D So A (A D	s Acquire rants, op Jumber	Person contain the form	ns who ned in m disp osed of onvertil Exercis	respondence of this follows a control of the secunsable of the secundary o	rm are current rities)  7. Tit Amo Unde Secur	not required the and count of erlying	OMB conf	pond unle	of 10. Owners Form of Derivat: Security Direct ( or Indir	11. Natur of Indire Benefici Owners! (Instr. 4)

### **Reporting Owners**

B 41 0 N	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
HAQ MAHMUD UL 7 CLYDE ROAD SOMERSET, NJ 08873	X		Chief Executive Officer				

# **Signatures**

/s/ Amritpal Deol Attorney-in-Fact	01/06/2016
**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).

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.