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

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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

Name and Address of Reporting Person * BUSQUET ANNE			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					
7 CLYDE ROAI	(First)	(Middle)	3. Date of Earliest 11/09/2016	Transaction	n (Month/E	ay/Year)					
(Street) SOMERSET, NJ 08873			4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City)	(State)	(Zip)	Ta	ble I - Non	-Derivativ	e Securi	ties Acq	ıired, Disp	osed of, or l	Beneficially (Owned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		Code (Instr. 8)	(A) (4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Following (s)	6. Ownership of Form:	Beneficial
			(Month/Day/Year)	Code	V Amo	ount (I	r	(Instr. 3 a	or Indirect (I) Own or Indirect (Instr. 4)		Ownership (Instr. 4)	
Common Stock		11/09/2016		A	30,0	00 A	\$ 0	99,350			D	
Reminder: Report on	a separate line f	or each class of secur	ities beneficially ov	I	Persons v contained	ho res	form a	e not requ		spond unle	ss	474 (9-02)
	a separate line f	Table II - 1	Derivative Securiti	es Acquire	Persons vecontained the form of the form o	who res in this lisplays	form and a curre	e not requently valid	uired to res I OMB con		ss	474 (9-02)
	3. Transaction Date (Month/Day	Table II - 1 on 3A. Deemed Execution Da any	Derivative Securiti (e.g., puts, calls, wa 4. Transaction Code (Instr. 8)	es Acquire	Persons vecontained the form of the form o	who res in this lisplays d of, or l ertible se ercisable tion Dat	Beneficia ecurities 7. 7 e An Un	e not requently valid	uired to res I OMB con	spond unle trol numbe	of 10. Ownersh Form of Derivativ Security: Direct (I or Indire	ip of Indir Benefic (Owners (Instr. 4

D (O N (Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BUSQUET ANNE 7 CLYDE ROAD SOMERSET, NJ 08873	X					

Signatures

/s/ Norman Roth, Attorney-in-Fact for Anne Busquet	11/10/2016
**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)
- (1) Restricted Stock Award awarded under the Company's 2014 Equity Incentive Plan, which vests fully on December 31, 2016.

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.