FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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 * MUNTER CAMERON			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)					
7 CLYDE	(Last) (First) (Middle) CLYDE ROAD			3. Date of Earliest Transaction (Month/Day/Year) 11/09/2016										
(Street)			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)	OMERSET, NJ 08873 (City) (State) (Zip)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							Owned		
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i	3. Transaction Code (Instr. 8)				f (D) Benefic Reporte		ount of Securities cially Owned Following ed Transaction(s)		6. Ownership Form:	Beneficial
				(Month/Day/Year	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)		or (I	\ /	Ownership (Instr. 4)
Common S	Stock		11/09/2016		A		30,000	A	\$ 0	85,000			D	
	eport on a s	eparate line for	r each class of secur	ities beneficially o	wned dire	Pers	ons who ained in	respon this for	n are	not requ		spond unle	ss	1474 (9-02
	eport on a s	eparate line fo	Table II - I	Derivative Securi	ies Acqui	Persontation the formation of the format	ons who ained in orm disp	respon this for plays a c	n are urrer ficial	not requesting noting valid	uired to res		ss	1474 (9-02)
Reminder: Re 1. Title of 2. Derivative Security (Instr. 3) Pr		3. Transaction Date (Month/Day/)	Table II - I	·	ies Acqui arrants, (Pers contain the formation of the format	ons who ained in orm disp	respon this for plays a c c, or Bene ble secur sable	ficiallities) 7. Ti Amo	not requesting noting valid	OMB conf	spond unle	of 10. Ownersl Form of Derivati Security Direct (1 or Indire	11. Nation of India Benefit Owner (Instr.

Reporting Owners

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

Signatures

/s/ Norman Roth, Attorney-in-Fact for Cameron Munter	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.