## 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

		s)																
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 Earliest Transaction (Month/Day/Year) 11/15/2016								Cnie	1 Executive	Officer	<u>r</u>			
(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 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/Year)		2A. Deemed Execution Date, i any (Month/Day/Year		f Code (Instr. 8)		4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia	unt of Securities cially Owned Following ad Transaction(s)		6. Ownership Form: Direct (D)	ership of B	7. Nature of Indirect Beneficial Ownership	
					Ì		Cod	de	V A	Amount	(A) or (D)	Price	`	or Indire (I) (Instr. 4)		(	nstr. 4)	
Common	Stock		11/1	5/2016			P		9	0,000		\$ 0.967	4,987,0	70		D		
Reminder: I	Report on a s	eparate line fo	or each	class of secur	rities bene	eficially ov	wned d	P	erso	ns wh	o respo			ction of inf			SEC 14	74 (9-02)
Reminder: I	Report on a s	eparate line fo	or each					P c tl	Person contain he for	ns who ined in rm dis	o respon this for plays a	rm are curre	not requesting ntly valid	uired to res OMB con	spond unle		SEC 14	74 (9-02)
				Table II - ]	Derivativ	ve Securit	ies Acq	quired s, opti	Person contain he for d, Disp ions, c	ns who ined in rm dis posed o	o responding this for plays a f, or Bendible secu	rm are curre reficial rities)	e not requesting ntly valid	uired to res	spond unle trol numbe	er.		74 (9-02)
1. Title of Derivative Security	2.	3. Transactio Date (Month/Day/	on 'Year)	Table II - l	Derivativ (e.g., puts 4. te, if Tra	ve Securit s, calls, wa ansaction ide sstr. 8)	ies Acq arrants	quired s, optimer attive ties red sed sed 3,	Person contai he for d, Disp ions, c 6. Date and Ex	ns who	o responding this for Bendible secunisable in Date	rm are curre neficial rities) 7. T Ame Und Seco	not requesting ntly valid	OMB con	spond unle	of 10 Ov Fo De Se Di or or or (I)	). wnership orm of erivative ecurity: irect (D)	11. Nat of Indir Benefic

#### **Reporting Owners**

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

## **Signatures**

/s/ Norman Roth Attorney-in-Fact	11/16/2016
**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.