FORM 4

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

OMB APPROVAL
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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

(Print or Type	e Responses)															
1. Name and Address of Reporting Person* ROTH NORMAN				2. Issuer Name and Ticker or Trading Symbol MEDICAL TRANSCRIPTION BILLING, CORP [MTBC]						CORP	X Officer (give title below) Other (specify below)					
(Last) (First) (Middle) 7 CLYDE ROAD				3. Date of Earliest Transaction (Month/Day/Year) 02/04/2018									Controller			
(Street)				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					
SOMERSET, NJ 08873 (City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqui						ies Acquire	ired, Disposed of, or Beneficially Owned					
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date	e, if	3. Transaction Code (A) or Disposed of (Instr. 8) (Instr. 3, 4 and 5) Code V Amount (D)		O T (I	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		ted I	Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common S	Stock	(01/04/2018				М		3,333		\$ 0	9,999			D	
Common S	Stock	(02/04/2018				M		2,500) A	\$ 0 (1) 2	2,499			D	
				Derivative				form ed, Dis	displa posed	ys a cur of, or Bei	rently val	id OMB co	ontrol num	d unless th ber.	•	
1. Title of Derivative Security (Instr. 3)	Conversion Date Execution I or Exercise (Month/Day/Year) any		3A. Deemed Execution Date,	ear) 4. 5. N Transaction of Code Der See Acc (A) Dis of (Instr. 8)		5. N of Deri Sect Acq (A) Disp of (I	ivative urities uired or cosed D) tr. 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersh Form of Derivativ Security: Direct (I or Indire	Ownership: (Instr. 4) Output Output	
				Code	V	(A)		Date Exercis		xpiration Date	Title	Amount or Number of Shares				
Restricted Stock Unit	\$ 0 <u>(2)</u>	01/04/2018		М			3,333	<u>(2</u>)	<u>(2)</u>	Commo Stock	3,333	\$ 0 (2)	20,000	D	
Restricted Stock Unit	\$ 0 <u>(2)</u>	02/04/2018		M			2,500	(2)	<u>(2)</u>	Commo Stock	on 2,500	\$ 0 (2)	17,500	D	

Reporting Owners

D # 0 N /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
ROTH NORMAN						
7 CLYDE ROAD			Controller			
SOMERSET, NJ 08873						

Signatures

/s/ Norman Roth	02/06/2018

**Signature of Reporting Person	Da
Signature of Reporting Person	D

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) Represents the conversion upon vesting of restricted stock units into common stock. These restricted stock units were acquired under the Company's Amended and Restated Equity Incentive Plan, without payment by the reporting person.
- Represents the conversion upon vesting of restricted stock units into common stock. These restricted stock units and the shares of common stock issued upon vesting of such units (2) were acquired under the Company's Amended and Restated Equity Incentive Plan, without payment by the reporting person. The remainder of the restricted stock units vest in installments so long as the reporting person remains employed and in good standing with the issuer.

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.