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 Ty	pe Response	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)					
(Last) (First) (Middle) 7 CLYDE ROAD				3. Date of Earliest Transaction (Month/Day/Year) 03/26/2018							Ex	ecutive Chai	rman		
(Street) SOMERSET, NJ 08873				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					
SOMER:		(State)	(Zip)		Te	able I - Non	-Der	ivative S	Securitie	es Acan	ired Disn	osed of or l	Reneficially	Owned	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any		3. Transac Code (Instr. 8)	4. Securities Acqui (A) or Disposed of			equired d of (D)	Beneficially Owned Following Reported Transaction(s) Ownership of Ind Form: Bene		Beneficial			
			(Month/	/Day/Year	Code	v	Amoun	(A) or (D)	Price	(Instr. 3	(nstr. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Perpetual	Series A Cum Redeemable Perpetual Preferred Stock [MTBCP] 03/26/2018		03/26/2018			S		6,000 (1)	D	\$ 25.36 (1)	3,000		D		
Perpetual	Series A Cum Redeemable Perpetual Preferred Stock [MTBCP] 03/27/2018		03/27/2018			S		3,000	D	\$ 25.19 (2)	0		D		
Reminder:	Report on a s	separate line for		Derivativ	ve Securit	ies Acquire	Pers cont the f	ons wh ained in orm dis	no responding this formal section that the section that t	orm are a curre eneficial	not requesting ntly valid	OMB con	formation spond unle trol numbe	ess	1474 (9-02)
1. Title of	12	3. Transaction		<i>e.g.</i> , puts		arrants, opt					itle and	8. Price of	O. Namah an	of 10.	11. Natur
	Conversion or Exercise Price of Derivative Security	Jate (Month/Day/Y	Execution Da	te, if Tra	ansaction de (str. 8)		and Expiration Date (Month/Day/Year) A U So (I		Am Und Sec	ount of lerlying urities tr. 3 and	8. Price of Derivative Security (Instr. 5)		Owners Form o Derivat Security Direct (or Indir	hip of Indirect Beneficia Ownershi (Instr. 4) D) ect	
				С	ode V	(A) (D)	Date Exer		Expirati Date	Title	Amount or Number of Shares				

Reporting Owners

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

Signatures

/s/ Norman Roth, Attorney-in-Fact for Mahmud Ul Haq

03/28/2018

**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).
- The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$25.20 to \$25.75, inclusive. The reporting (1) person undertakes to provide to any security holder of Medical Transcription Billing, Corp. or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnotes (1) and (2) to this Form 4.
- (2) The shares were sold in multiple transactions at prices ranging from \$25.13 to \$25.30, inclusive.

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.