FORM 4

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations may
continue. See
Instruction 1(b)

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

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Instruction 1(b). Company Act of 1940

(Print or Type Responses)												
1. Name and Address of Re BATES ERNEST A		2. Issuer Name and Ticker or Trading Symbol Apollo Medical Holdings, Inc. [AMEH]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner				
TWO EMBARCADE	(First) RO CENTER 41	^	3. Date of Earliest Transaction (Month/Day/Year) 10/11/2019						Officer (give title below)Othe	er (specify below	v)	
	4	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					
SAN FRANCISO, CA	. 94111											
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acqu						uired, Disposed of, or Beneficially Owned			
1. Title of Security 2. Transaction (Instr. 3) Date (Month/Day/Yet)			~	3. Transaction Code (Instr. 8)		(A) or Disposed of (D)			Owned Following Reported Transaction(s)		Beneficial	
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	X /	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in SEC 1474 (9-02) this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

(e.g., puts, cans, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numb	er	6. Date Exercisab	le and Expiration	7. Title and	Amount	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	tion	of Deriva	ntive	Date		of Underlyin	ng	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Securitie	Securities (Month/Day/Year)		Securities Secu		Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Acquired	Acquired (A)		(Instr. 3 and 4) (Instr. 5)		(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					or Dispos	sed							Security:	(Instr. 4)
	Security					of (D)							0	Direct (D)	
						(Instr. 3,	4,						1	or Indirect	
						and 5)							Transaction(s)	< / </td <td></td>	
											Amount		(Instr. 4)	(Instr. 4)	
								Date			or				
								Exercisable	Expiration Date	Title	Number				
								Excicisable			of				
				Code	V	(A)	(D)				Shares				
Stock										Common					
Options	\$ 15.35	10/11/2019		Α		11,000		01/11/2020(1)	10/11/2024(1)	Stock	11,000	\$ 0	18,500	D	
Options										SIOCK					

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BATES ERNEST A TWO EMBARCADERO CENTER 410 SAN FRANCISO, CA 94111	Х						

Signatures

/s/ by Omar Dabuni as attorney-in-fact for Ernest A. Bates, M.D.	11/20/2019
**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) The Issuer granted these options to Reporting Person in consideration for his service as a director of the Issuer. Such stock options vest in 4 installments on January 11, 2020; April 11, 2020; July 11, 2020; and October 11, 2020.

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.