FORM 4

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

OMB APPROVAL
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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 Responses	s)															
1. Name and Address of Reporting Person* ALLIED PHYSICIANS OF CALIFORNIA, A PROFESSION MEDICAL Corp					2. Issuer Name and Ticker or Trading Symbol Apollo Medical Holdings, Inc. [AMEH]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director				
(Last) (First) (Middle) 1668 S. GARFIELD AVE., 2ND FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 11/29/2019												
(Street) ALHAMBRA, CA 91801				4. If	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					
(City) (State) (Zip)					Table I - Non-Derivative Securities Acqui							uired, Disp	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	ZA. Deemed Execution Date, if any (Month/Day/Year)		if C	Code (Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	nt of Securities ally Owned Following I Transaction(s)		6. Ownership Form:	7. Nature of Indirect Beneficial		
					ir)	Code	V	Amount	(A) or (D)	Price		(Instr. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
Common Stock		11/29/2019				P		6,500	A	\$ 18.46 (1)	16,899,	16,899,778		D			
Common Stock			12/02/2019				P		18,602	A	\$ 17.94 (2)	16,918,	380		D		
Reminder: 1	Report on a s	separate line fo	or each class of secu					Pers con the	sons wh tained i form dis	no resp n this f splays	orm a a curr	re not requently valid		formation spond unle trol numbe	ss	1474 (9-02)	
			Table II -		ative Secur outs, calls,							ally Owned)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Execution D	ate, if	4. Transactio Code (Instr. 8)	of De Se Ac (A Di of (Ir	umber	and	and Expiration Date (Month/Day/Year) Am Und Sec		ount of lerlying urities tr. 3 and		9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	Ownershi (Instr. 4)		
					Code V	7 (A	A) (D)	Dat Exe	e ercisable	Expirati Date	ion Ti	Amount or Number of Shares					

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
ALLIED PHYSICIANS OF CALIFORNIA, A PROFESSION MEDICAL Corp 1668 S. GARFIELD AVE. 2ND FLOOR ALHAMBRA, CA 91801		X			

Signatures

/s/ by Omar Dabuni as attorney-in-fact for Allied Physicians of California, A Professional Medical Corporation	12/02/2019
**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).
- This transaction was executed in multiple trades at prices ranging from \$18.30 to \$18.60. The price reported above reflects the weighted average purchase price. The (1) Reporting Person hereby undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- This transaction was executed in multiple trades at prices ranging from \$17.72 to \$18.11. The price reported above reflects the weighted average purchase price. The (2) Reporting Person hereby undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

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.