FORM	4
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Cl	heck this box if no
lo	nger subject to
Se	ection 16. Form 4 or
Fc	orm 5 obligations
m	ay continue. See
In	struction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

1. Name and Address of Reporting ALLIED PHYSICIANS OF PROFESSION MEDICAL C	2. Issuer Name a Apollo Medica			0.		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title below) <u>X</u> _10% Owner Other (specify below)					
(Last) (First) 1668 S. GARFIELD AVE., 2	3. Date of Earliest 12/05/2019	Transactic	on (M	Ionth/Day	/Year)						
(Street) ALHAMBRA, CA 91801	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)	Ta	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)	Date	Date Execution Date, if Code (4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Beneficial Ownership		
			Code	V	Amount	-	Price		(Instr. 4)		
Common Stock	12/05/2019		Р		13,595	А	\$ 18.64 <u>(1)</u>	16,970,514	D		

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

Persons who respond to the collection of information SEC 1474 (9-02) contained in 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)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transacti	on	n Number		and Expirati	on Date	Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Securities		(Instr. 3 and		Owned	Security:	(Instr. 4)			
	Security					Acqu	ired			4)			0	Direct (D)	
						(A) or							T T	or Indirect	
					Disposed							Transaction(s)	< / .		
						of (D)							(Instr. 4)	(Instr. 4)	
					(Instr. 3, 4, and 5)										
								-							
											Amount				
								Date	Expiration		or				
		Exercisable		Title	Number										
								Excicisable	Date		of				
				Code	V	(A)	(D)				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 FL.		Х			
ALHAMBRA, CA 91801					

Signatures

/s/ by Kirk Moon as attorney-in-fact for Allied Physicians of California, A Professional Medical Corporation

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 \$18.50 to \$18.75. 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.

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.