## FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average	burden
nours per response	e 0.5

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)														
ALLIED	PHYSICI	f Reporting Pe ANS OF C DICAL Co	ALIFORNIA, 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)  Director Officer (give title below)  Other (specify below)				
1668 S. C		O AVE., 2N	(Middle) ND FLOOR	3. Date of Earliest Transaction (Month/Day/Year) 12/09/2019												
ALHAM	BRA, CA	(Street) 91801		4. If Amendment, Date Original Filed(Month/Day/Year)  6. Individual or Joint/Group Filing(Check Applie  _X_Form filed by One Reporting Person  _Form filed by More than One Reporting Person							•	ble Line)				
(City)		(State)	(Zip)		T	able I	- Non	-Der	ivative S	Securitie	s Acqu	ired, Disp	osed of, or l	Beneficially	Owned	
(Instr. 3) Da		(	2A. Deemed Execution Date, it		(Instr. 8)			A. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	nt of Securities ally Owned Following Transaction(s)		6. Ownership Form:	Beneficial	
				(Month	n/Day/Year		ode	V	Amoun	(A) or t (D)	Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	Stock		12/09/2019			I	)		38,600	A	\$ 17.6 (1)	17,041,477			D	
Reminder: 1	Report on a s	separate line to		Derivat	ive Securit	ies Ac	quire	Pers conta the f	ons wh ained in orm dis	o responsible this for splays a	orm are curre	not requesting ntly valid	OMB con	ormation spond unle trol numbe	ss	1474 (9-02)
1. Title of	2	3. Transactio		( <i>e.g.</i> , pu	ts, calls, w	arrant 5.	ts, opt				<del></del>	itle and	8. Price of	9. Number	of 10.	11. Natu
Derivative Security	Conversion or Exercise Price of Derivative Security	Date (Month/Day/	Execution Da	ite, if T	ransaction Code Instr. 8)		ative ities ired seed ) . 3,	and Expiration Date (Month/Day/Year)		Amo Und Secu	ount of lerlying urities tr. 3 and	Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners. Form of Derivati Security Direct ( or Indire	hip of Indire Beneficitive Ownersh (Instr. 4)	
					Code V	(A)	(D)	Date Exer		Expiration Date	on Title	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
**Signature of Reporting Person

#### **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 \$16.81 to \$18.54. 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.