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

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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

	pe Response		*				T. 1		1' 6			5 Dalation	achin of Por	orting Dargo	n(a) to Isano	r	
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 Officer (give title below) Check all applicable Owner Other (specify below)					
(Last) (First) (Middle) 1668 S. GARFIELD AVE., 2ND FL.					3. Date of Earliest Transaction (Month/Day/Year) 12/17/2019												
(Street) ALHAMBRA, CA 91801				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						
(City) (State) (Zip)					Table I - Non-Derivative Securities Acqui							ired, Disposed of, or Beneficially Owned					
(Instr. 3)		2. Transaction Date (Month/Day/Year)	Execu any	Deemed ation Date,	if Co (In	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	Reported Transaction		Following	Form:	7. Nature of Indirect Beneficial		
			(Mont	(Month/Day/Year)		Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
Common	Stock		12/17/2019				P		15,000	A	\$ 18.47 (1)	17,275,	317		D		
Reminder:	Report on a s	separate line f	or each class of secu	rities b	eneficially	owne	d direc	- -									
								con	tained i	n this f	orm are	e not requ		ormation spond unleading troining troining transfer in the contract of the co	ss	1474 (9-02)	
			Table II -		ative Secur							lly Owned					
Security	2. Conversion or Exercise Price of Derivative Security	3. Transactio Date (Month/Day/	Execution Da	Date, if T	Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		and (Mo	(Month/Day/Year)		Amo Und Secu	Title and nount of derlying curities str. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ownersl Form of Derivati Security Direct (l or Indire	Ownersh (Instr. 4)	
					Code V	/ (A)	(D)	Dat Exe		Expirati Date	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 FL.		X					
ALHAMBRA, CA 91801		Λ					

Signatures

/s/ by Omar Dabuni as attorney-in-fact for Allied Physicians of California, A Professional Medical Corporation	12/17/2019
*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 \$18.20 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.