FORM 4

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

OMB APPROVAL							
OMB Number:	3235-0287						
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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)																	
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) Other (specify below)							
(Last) (First) (Middle) 1668 S. GARFIELD AVE., 2ND FL.				3. Date of Earliest Transaction (Month/Day/Year) 12/18/2019															
(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)		Table I - Non-Derivative Securities Acquired, Dispo							osed of, or Beneficially Owned						
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yo				Execut any	Deemed cution Date, if	if Co (In	Code (Instr. 8)		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia	unt of Securities ially Owned Following d Transaction(s)		6. Ownership Form: Direct (D)	of Ind Benef	Beneficial Ownership		
			(IVIOII	idii/Buj/Tec		Code	1	V Amount (A) or Or Price		Price	(mod. 5 and 4)			or Indirect (I) (Instr. 4)					
Common	Common Stock 12/18/2019				P		15,	,000	$A = \begin{bmatrix} 1 \\ 1 \end{bmatrix}$	\$ 18.5 (1)	17,290,	7,290,317		D					
Reminder:	Report on a s	eparate line fo	or each	class of secur					Pe co the	ersons ontaine e form	who ed in	o respo this fo plays a	rm are curre	not requality valid	ction of inf uired to res OMB conf	spond unle	ss	C 1474 ((9-02)
1 771 6		2 75 11	ı.	,	<i>e.g.</i> , p	outs, calls,	_	nts, c	_					.1 1	l	0.37 1	6 10	1	27.
Security		3. Transaction Date (Month/Day/Y	Year)	3A. Deemed Execution Datany (Month/Day/Y	ĺ	Code	of Deri Secu Acq (A) Disp of (I	vativ irities uired or oosed	an (N	. Date I nd Expi Month/I	iratio	n Date	Amo Undo Secu	tle and bunt of erlying rities r. 3 and		9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivat Securit Direct or India	ship of Be Ov (In (D) rect	. Natur Indirec eneficia wnershi astr. 4)
						Code V	(A)	(D	E	ate xercisa		Expiratio Date	n 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. ALHAMBRA, CA 91801		X				

Signatures

/s/ by Omar Dabuni as attorney-in-fact for Allied Physicians of California, A Professional Medical Corporation	12/18/2019
**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 \$18.24 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.

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.