FORM 4

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

OMB APPRO	VAL
OMB Number:	3235-0287
Estimated average by	urden
hours per response	. 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 Type Responses) 1. Name and Address of Reporting Person * Lam Thomas S.					2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer				
				Apollo Medical Holdings, Inc. [AMEH]								(Check all applicable)X_ Director 10% Owner					
(Last) (First) (Middle) 1668 GARFIELD AVE., 2ND FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 12/30/2019								X_Officer (give title below) Other (specify below) President and Co-CEO					
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(Cit	BRA, CA	(State)	(Zip)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Ye	Execut ar) any	2A. Deemed Execution Date, if		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		quired 5 of (D)	5. Amount of Owned Follov Transaction(s)	f Securities Beneficially owing Reported s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				(Month/Day/Year)		/Year)	Code V		Amount (A) or (D)			(Instr. 3 and 4					
Common	mon Stock 12/30/2019		12/30/2019				ΑC	(1)	61,34	3 A	\$ 0	61,343			D		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, any (Month/Day/Yea	f Transaction of Der Code Securi (Instr. 8) Acquir or Disj of (D)		Securiti Acquire or Dispe	rivative Expiration I (Month/Day ired (A) sposed)		Date 1	Date of Sexy/Year)		and Amount erlying ies 3 and 4)		9. Number of Derivative Securities Beneficially Owned Following Reported	Owners Form of	Benefici Ownersh (Instr. 4)	
				Code		(A)	(D)	Date Exercisab		ration	Title	Amount or Number of Shares		Transaction(s (Instr. 4)	(I) (Instr. 4		
Stock Option (right to buy)	\$ 18.65 (2)	12/30/2019		A ⁽²⁾	2	28,046	5	<u>(2)</u>	12/:	30/2024	Comm	128.046	\$ 0	28,046	D		
Repor	ting O	wners															
Director			Relationships														
		O% Officer wner				Oth	er										
Lam Tho		AVE 2ND FLO	OR Y					l Co-CE									

Signatures

ALHAMBRA, CA 91801

/s/ by Omar Dabuni as attorney-in-fact for Thomas Lam, M.D.	12/30/2019
**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).
- (1) Restricted shares of Common Stock of Apollo Medical Holdings, Inc. (the "Company") granted under the Company's 2015 Equity Incentive Plan, subject to vesting one-third after year one (on December 30, 2020), one-third after year two (on December 30, 2021), and the final one-third after year three (on December 30, 2022).

Stock option to purchase the Company's Common Stock granted under the Company's 2015 Equity Incentive Plan, which stock option will vest and become exercisable one-third after year one (on December 30, 2020), one-third after year two (on December 30, 2021), and the final one-third after year three (on December 30, 2022), subject to expiration on the date that (2) is five years from the date of grant (i.e., on December 30, 2024). The exercise price for each share subject to the stock option granted shall be set at the closing price of the Company's Common Stock on the date the grant was approved by the Company.

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.