## FORM 4

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

OMB APPROVAL
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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

(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.	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director Officer (give title below) Other (specify below)					
(Kast) (First) (Middle) 1668 S. GARFIELD AVE., 2ND FL.				3. Date of Earliest Transaction (Month/Day/Year) 01/15/2020													
(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, Disposed of, or Beneficially Owned							Owned						
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date any (Month/Day/Ye		(Instr. 8)		tion	4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)		(D) Benefici		unt of Securities ially Owned Following d Transaction(s)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
				(Month/Day/Tear)		Coo	de	V	Amoun	(A) or (D)	Pric	Ì	msu. 3 and 4)			or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock 01/15		01/15/2020		P			4,298 (1)	A	\$ 18.3 (2)	34 1	17,307,214			D			
Reminder: 1	Report on a s	separate line fo		Derivative Sec	curiti	es Acc	quire	Pers cont the f	ons what ained in form dis	no resp n this f splays	form a a cur	are r rrent cially	not requ ly valid		ormation spond unle rol numbe	ss	1474 (9-02)
1 77'41	2	2.77:		e.g., puts, call			s, opt							0 D : C	0.31 1	of 10.	11.37.
Security	2. Conversion or Exercise Price of Derivative Security	e (Month/Day	Year) Execution Da	4. Transaction Code Year) (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exerc and Expiratio (Month/Day/\)		on Date /Year)		7. Title Amou Under Securi Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form of Derivating Security Direct (I or Indire	Benefici Ownersh (Instr. 4)
				Code	V	(A)	(D)	Date Exer		Expirat Date	ion T	Γitle	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	01/15/2020
**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) The transaction reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan entered into by the Reporting Person on December 12, 2019.
- This transaction was executed in multiple trades at prices ranging from \$18.15 to \$18.50. The price reported above reflects the weighted average purchase price. The
- (2) 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.