Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

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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 R Kitayama Mitchell W		2. Issuer Name and Ticker or Trading Symbol Apollo Medical Holdings, Inc. [AMEH]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_Director10% Owner			
(Last) 2120 MORNINGSID	(First) DE AVENUE		3. Date of Earliest Transaction (Month/Day/Year) 02/05/2020					Officer (give title below)Ot	her (specify belo	ow)	
UPLAND, CA 91784	4	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			
,			4								
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	~	3. Transact Code (Instr. 8)		(A) or Disposed of (D)		f (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form:	Beneficial
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Num	mber 6. Date Exercisable and		7. Title and Amount		8. Price of	9. Number of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transact	tion	of	Expiration Date		of Underlying D		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code		Derivat	vative (Month/Day/Year)		Securities S		Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Securiti			(Instr. 3 and 4) (· /		Derivative	-	
	Derivative					Acquire	d					Owned		(Instr. 4)	
	Security					(A) or							0	Direct (D)	
						Dispose	ed					1	or Indirect		
						of (D)	4					Transaction(s)	· · /		
						(Instr. 3 and 5)	, 4,	4,					(Instr. 4)	(Instr. 4)	
						and 5)			r		1				
											Amount				
								Date			or				
								Exercisable	Expiration Date	Title	Number				
				Code	v	(A)	(D)				of Shares				
				Code	v	(A)	(D)				Shares				
Stock															
Option	\$ 17.57	00/05/0000		(1)		3,550		(1)	(1)	Common	2 5 5 0	^		P	
(right to	(1)	02/05/2020		A ⁽¹⁾		(1)		<u>(1)</u>	11/25/2024 <mark>(1)</mark>	Stock	3,550	\$ 0	22,050	D	
										Stock					
buy)															

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Kitayama Mitchell W 2120 MORNINGSIDE AVENUE UPLAND, CA 91784	Х							

Signatures

/s/ by Mitchell W. Kitayama	02/20/2019
**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) In consideration for the Reporting Person's services to Apollo Medical Holdings, Inc. (the "Company"), the Company granted stock options to the Reporting Person to purchase shares of the Company's common stock, which stock options vest in four (4) equal installments on February 25, 2020; May 25, 2020; August 25, 2020; and November 25, 2020.

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.