# FORM 4

# 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

1. Name and Address of Reporting Person* Chiang John  (Last) (First) (Middle)  3538 TOPPANICE PLVD, LINIT 177			2. Issuer Name and Ticker or Trading Symbol Apollo Medical Holdings, Inc. [AMEH]      3. Date of Earliest Transaction (Month/Day/Year)     02/05/2020      4. If Amendment, Date Original Filed(Month/Day/Year)     02/21/2020						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X_ Director							
3538 TORRANCE BLVD., UNIT 177  (Street)  TORRANCE, CA 90503														e)		
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu													
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year		2A. Deemed Execution Data any (Month/Day/Y		d 3. Ti Code (Inst			4. Securities Ac (A) or Disposed (Instr. 3, 4 and 5	of (D)	ired 5. Amo		ecurities Be ng Reported	i	6. Ownership Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							С	ode V	Amount (D)	Price					(Instr. 4)	
Reminder:								in this	ns who respo form are not ys a currently	require	d to re	espond	unless the		ou bec	1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	*****	Table II -  3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code	etion of I	5. Numlof Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3	ber ive ies ed	in this displa	form are not ys a currently posed of, or Ber convertible securcisable and Date	required valid Of valid Of Union Security	Owner of the control	espond of control n ed Amount	unless the umber.		of 10. Owners! Form of Derivati Security Direct (l or Indire	11. Natur of Indired Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	etion of I	hlls, want of 5. Numl of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 and 5)	ber ive ies ed	in this display	form are not ys a currently posed of, or Ber convertible securcisable and Date	required valid O reficially rities) 7. Titl of Un. Secur (Instr.	Owner of the control	espond of control n ed Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Owners: Form of Derivati Security Direct (l or Indire (s) (I)	11. Natur of Indired Beneficia Ownersh (Instr. 4)

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Chiang John 3538 TORRANCE BLVD., UNIT 177 TORRANCE, CA 90503	X					

## **Signatures**

/s/ by John Chiang	04/14/2020
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).

The original Form 4, filed on February 21, 2020, is being amended by this Form 4 amendment solely to correct a miscalculation in the number of stock options granted to the Reporting Person to purchase shares of common stock of Apollo Medical Holdings, Inc. (the "Company"). As a result of this miscalculation, the number of shares subject to stock options granted to, and beneficially owned by, the Reporting Person following the correction was reduced by 63 shares. The vesting schedule and the expiration date for such stock options, as originally filed on February 21, 2020, remains unchanged, with vesting in four (4) equal installments on February 25, 2020; May 25, 2020; August 25, 2020; and November 25, 2020, and expiring on November 25, 2024.

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.