

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

| OMB APPROVAL | | | | | |
|--------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0104 | | | | |
| Estimated average burden | | | | | |
| nours per respons | e 0.5 | | | | |

INITIAL STATEMENT OF 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 Respon | ses) | | | | | | | | | | |
|--|----------------------|---|--|---|--|--|---|---|--|---|---|
| Name and Address of Reporting Person * Mazdyasni Matthew | | 2. Date of Event Requiring Statement (Month/Day/Year) | | | 3. Issuer Name and Ticker or Trading Symbol Apollo Medical Holdings, Inc. [AMEH] | | | | | | |
| (Last) (First) (Middle) 09/27/2019 468 SURFVIEW DR. | | | .019 | Issuer | | | f Reporting Person | ` / | 5. If Amendment, Date Original Filed(Month/Day/Year) | | |
| PACIFIC PALIS | (Street) ADES, CA 9 | 0272 | | | | | (Check all applicable) _X_ Director | | | 6. Individual or Joint/Group FilingCheck Applicable Line) | |
| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | В | 2. Amount of Securities Beneficially Owned (Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | | |
| Reminder: Report on | Persons unless th | who respond ne form displa | to the c ys a cur | ollection rently va | of info | ormatio IB cont | n contained in | | · | | |
| 1. Title of Derivative (Instr. 4) | e Security 2 a (i | | Date Exercisable and Expiration Date fonth/Day/Year) | | 3. Title and Amount of Securities Underlying I Security (Instr. 4) | | amount of | 4. Conversion or Exercise Price of Derivative | 5. Ownership Form of Derivative Security: Direc | ship e Direct | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
| | | | te ercisable | Expiration Date | Title Amount or Number Shares | | nt or Number of | Security | (D) or Indirect (I) (Instr. 5) | | |
| | | | | | | | | | | | |

Reporting Owners

| | Relationships | | | | |
|--|---------------|--------------|---------|-------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| Mazdyasni Matthew 468 SURFVIEW DR. PACIFIC PALISADES, CA 90272 | X | | | | |

Signatures

| /s/ MATTHEW MAZDYASNI | 04/17/2020 | | |
|---------------------------------|------------|--|--|
| **Signature of Reporting Person | Date | | |

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, see Instruction 5(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).

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.