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 * Vazquez Adrian				2. Issuer Name and Ticker or Trading Symbol Apollo Medical Holdings, Inc. [AMEH]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
(Last) (First) (Middle) C/O 1668 S. GARFIELD AVE., 2ND FL.				3. Date of Earliest Transaction (Month/Day/Year) 04/28/2021						X_ Office	er (give title bel Chie	ef Medical C	Other (specify Officer	below	·)			
(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 Acqu						ired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)			Code (Instr. 8)		4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)			Beneficia Reported	Amount of Securities eneficially Owned Following eported Transaction(s)		Ownership Form:		Beneficial			
				(Month/Day/	nth/Day/Year)	Cod	le	V	Amour	nt	(A) or (D)	Price	(Instr. 3 a	,	Direct (D) or Indirect (I) (Instr. 4)		vnership str. 4)	
Common Stock 04/28/2021				S			100,00	00	D	\$ 24.5	371,004	1		D				
				Derivative Se			uire	cont the f d, Di	tained i form dis	in ti spl	his for ays a or Ben	m are curre	e not requently valid	OMB conf	ormation spond unle rol numbe	ss	C 147	4 (9-02)
				(e.g., puts, cal	lls, w												1	
Security	Conversion Date		Year) Execution Da			Number a		and	6. Date Exercisable and Expiration Date (Month/Day/Year)		Am Und Sec	itle and ount of derlying urities tr. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	of tive ty: (D) rect	Beneficial Ownershi (Instr. 4)	
				Code	V	(A)		Date Exer	e rcisable	Ex Da	piration te	n Title	Amount or Number of Shares					

Reporting Owners

		Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Vazquez Adrian C/O 1668 S. GARFIELD AVE., 2ND F ALHAMBRA, CA 91801			Chief Medical Officer					

Signatures

/s/ Adrian Vazquez	04/28/2021	
**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).

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.