FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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 * Young Albert WaiChow					2. Issuer Name and Ticker or Trading Symbol Apollo Medical Holdings, Inc. [AMEH]								Direct	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) 1668 S. GARFIELD AVE., 2ND FL.					3. Date of Earliest Transaction (Month/Day/Year) 12/22/2020								X_Offic	X Officer (give title below) Other (specify below) Chief Administrative Officer						
(Street)				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ Form fil	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person								
ALHAMBRA, CA 91801 (City) (State) (Zip)																				
1.Title of Security 2. (Instr. 3) Da			2. Transaction 2 Date F (Month/Day/Year) a		Execut any	2A. Deemed Execution Date, if		3. Transacti Code (Instr. 8)			on 4. Securities Acquire (A) or Disposed of (D) (Instr. 3, 4 and 5)			cquired, Disposed of, or Benefic 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Owners Form: Direct (7. Nat Indire Benef (D) Owne	Beneficial Ownership	
								Cod	le	V	Amount	(A) or (D)	Price				or Indii (I) (Instr. 4	rect (Instr.	4)	
Common	Stock		12/22	/2020				J <mark>(1</mark>)		96,877 (1)	A (1)	\$ 0	1,115,265			D			
Common Stock													10,887,594 ⁽²⁾			Ι	of Calif a Profe Med	icians Tornia,		
Reminder:	Report on a s	separate line	for each	Table II	- Deriv	ative Sec	curi	ties Ac	equire	Per conthe	rsons whentained in the form distributed by the form distributed by the following the	no responding this splays	form a cu Benefi	to the colle are not requ rrently valid	uired to res OMB cont	spond (unless	SEC 14	74 (9-02)	
1 Title of	12	2 Tuomas at	i.a.u	2A Daamas			s, w		ts, op		ns, conver				Q Dries of	0 No.	han af	10	11 Notum	
Security	2. Conversion or Exercise Price of Derivative Security	(Month/Day/Ye		Execution Da		Code		Number a		an (M	i. Date Exercisable nd Expiration Date Month/Day/Year)		2 I	7. Title and Amount of Underlying Securities Instr. 3 and	at of ying lies (Instr. 5) Brown Bro		rivative Courities Fineficially Council School School Council	Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	V	(A)	(D)	Da Ex	ate cercisable	Expira Date	tion	Amount or Number of Shares						

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Young Albert WaiChow 1668 S. GARFIELD AVE., 2ND FL. ALHAMBRA, CA 91801			Chief Administrative Officer				

Signatures

/s/ Albert WaiChow Young	05/06/2021
**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).
- (1) Represents the receipt of shares of the issuer pursuant to a pro rata in-kind distribution by Allied Physicians of California, A Profession Medical Corporation ("Allied") of which the Reporting Person is a director, officer and shareholder.
- These securities are beneficially owned by Allied, of which the Reporting Person is a director, officer and shareholder. The Reporting Person disclaims beneficial ownership (2) of these securities except to the extent of his pecuniary interest therein, and the filing of this report is not an admission that the Reporting Person is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.

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.