FORM 4

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

OMB APPROVAL
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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 Ty	pe Response	s)																		
1. Name and Address of Reporting Person* ALLIED PHYSICIANS OF CALIFORNIA, A PROFESSION MEDICAL Corp						2. Issuer Name and Ticker or Trading Symbol Apollo Medical Holdings, Inc. [AMEH]							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title below) Other (specify below)						
(Last) (First) (Middle) 1668 S. GARFIELD AVE., 2ND FL.						3. Date of Earliest Transaction (Month/Day/Year) 09/15/2020														
(Street) ALHAMBRA, CA 91801						4. If Amendment, Date Original Filed(Month/Day/Year) 04/06/2021								6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)						Table I - Non-Derivative Securities Acqui								Acquir	ired, Disposed of, or Beneficially Owned					
(Instr. 3) Date		Date (Month/Day/Year) a		any		ed 3. Date, if Transaction Code ay/Year) (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			ed (A)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			` /	of Ind Benef Owne	Beneficial Ownership			
							Code		V	Amoun	t	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr.	. 4)	
Common	Common Stock 09/15/202		/2020			X			68,317		A	\$ 9	17,375,531 (1)			D				
Common Stock		12/22	12/22/2020				<u>J(2)</u>			4,984,0	50	D	\$ 0	12,391,481 (1)			D			
Common Stock		03/29	03/29/2021				X			34,158		A	\$ 10	12,425,639 (1)			D			
Common Stock		04/01	04/01/2021				S			1,638,045 D \$ 10,78		10,787	87,594 <u>(1)</u>		D					
Reminder:	Report on a s	separate line	for each	Table II -	Deriv	ative Sec	eurit	ties Ac	quire	Per cor the	rsons wh ntained in form dis	of, o	is form ays a coor or Bene	m are current	not requ tly valid		formation spond unle trol numbe	ess	C 1474 ((9-02)
1. Title of 2. 3. Transaction 3A. Deemed			` ' '	4. 5.				`				T	Title and 8. Price of 9. Numl			of 10.	11	1. Natur		
Derivative Security (Instr. 3) Date of Derivative Security Derivative Security Date of Derivative Security		Date	Month/Day/Year) Execution I any (Month/Da		Í	Code		Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year) Un Se (Ir			Under	ount of erlying urities r. 3 and Derivativ (Instr. 5)		Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Securi Direct or Indi	of Between Over (Ir (D) rect	Beneficia Ownersh (Instr. 4)	
						Code	V	(A)	(D)	Da Ex	ate tercisable	Exp Date	oiration e	Title	Amount or Number of Shares					

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
ALLIED PHYSICIANS OF CALIFORNIA, A PROFESSION MEDICAL Corp 1668 S. GARFIELD AVE., 2ND FL. ALHAMBRA, CA 91801		X			

Signatures

/s/ Thomas S. Lam, Chief Executive Officer

05/10/2021

**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) This Amendment to Form 4 does not report a new transaction. This Amendment is being filed solely to correct an inadvertent mathematical error in the sum reported for the Amount of Securities Beneficially Owned following the transactions previously reported in the original Form 4 filed on April 6, 2021.
- (2) The Reporting Person distributed these shares as an in-kind dividend to its shareholders.

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.