## 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* ALLIED PHYSICIANS OF CALIFORNIA, A PROFESSION MEDICAL Corp			2. Issuer Name and Ticker or Trading Symbol Apollo Medical Holdings, Inc. [AMEH]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) DirectorX10% Owner Officer (give title below)Other (specify below)							
(Last)		O AVE., 2N	,	Middle)	3. Date of Earli 04/28/2021	est Tr	ransacti	on (Mo	onth/Day	//Year)						
АІ НАМ	BRA CA	(Street)			4. If Amendment 04/28/2021	nt, Da	ate Orig	inal Fi	iled(Month	/Day/Year)		_X_ Form fil	ed by One Repo	Group Filing orting Person One Reporting		le Line)
	ALHAMBRA, CA 91801 (City) (State) (Zip)			Table I - Non-Derivative Securities Acqu						 hired, Disposed of, or Beneficially Owned						
1.Title of S (Instr. 3)	Date Executi (Month/Day/Year) any			2A. Deemed Execution Date, if any		Code (Instr. 8)		ion 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Reported Transaction(s)		ollowing O (s) Fo	Ownership Form:	7. Nature of Indirect Beneficial	
			(Month/Day/Yea		Code	V	Amount	(A) or (D)		(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
Common	Stock		04/28	3/2021			P		100,00	00 A	\$ 24.5	10,887,	594 <mark>(1)</mark>		D	
Reminder:	Report on a s	separate line f	or each o	class of secur	ities beneficially	owne	ed direc	Pers cont	ons wh	o respo	rm are	not requ		spond unle	ss	1474 (9-02)
Reminder:	Report on a s	separate line f	or each c	Table II - ]	Derivative Secu	rities	Acquir	Pers cont the f	ons who ained in form dis	o respo n this fo splays a	rm are currei ieficial	not requ ntly valid	uired to res		ss	1474 (9-02)
1. Title of	•	3. Transactic Date (Month/Day/	on 3 F (Year) a	Table II - 1 (BA. Deemed	Derivative Secures, puts, calls,  4. te, if Transactic Code	rities warr 5. Nu of De See Ac (A Dii of (In	Acquir ants, op	Persont the footions.  6. Dand (Mo	ons who ained in form dis	o responthis for splays a of, or Bertible secutions on Date	rm are current reficial rities)  7. Ti Amo Und Secu	not requ ntly valid	ired to res	spond unle	of 10. Ownersl Form of Derivati Security Direct (1 or Indire	11. Nature of Indire Benefic: (Instr. 4

	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 28, 2021.

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.