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

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)								
1668 S. GARFIELD AVE., 2ND FL.				3. Date of Earliest Transaction (Month/Day/Year) 06/17/2022																
(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 Person Form filed by More than One Reporting Person								
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqui							quir	ired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)		Date	h/Day/Year)	2A. Deemed Execution Date any (Month/Day/Ye			f Code (Instr. 8)		tion	n 4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)		of (D	D) Beneficia		nt of Securities ally Owned Following I Transaction(s) and 4)		Form: Direct (i or Indire (I)	of Bect (In	Nature Indirect eneficial wnership nstr. 4)	
Common	Stock		06/17	7/2022				Co		V	250,00	nt (D) 00 A (1)	Pri \$ 37	1	11,175,	702		(Instr. 4)	
				Table II - I					quire	cont the t	tained i form dis	n this fo splays a of, or Be	rm a cur	are irent	not requ tly valid	ction of inf iired to res OMB cont	spond unle	ess	LC 14	74 (9-02)
1. Title of Derivative Security (Instr. 3) 2. Conversio or Exercis Price of Derivative Security		3. Transactic Date (Month/Day/	Year)		te, if	g., puts, calls, wa 4. Transaction Code ar) (Instr. 8)		arrants, op 5.		6. Date Exercisable and Expiration Date (Month/Day/Year) 7. To the distribution of the control			. Titlamou Inder ecur Instr.	itle and bunt of erlying urities tr. 3 and 8. Price of Derivative Security (Instr. 5)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Own Form Deri Secu Dire or In	of of vative rity: et (D) direct	(Instr. 4)	
						Code	V	(A)	(D)		e rcisable		T		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	06/17/2022
**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) These shares were purchased from Alliance Apex, LLC.

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.