F	ORM 5
	Check this box if no longer subject to Section 16. Form 4

subject to Section 10. Form 4
or Form 5 obligations may
continue. See Instruction 1(b).
Form 3 Holdings Reported

Form 4 Transactions

Reported

Г

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

OMB APPROVAL OMB Number: 3235-0362 Estimated average burden hours per response... 1.0

# ANNUAL 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 <sup>*</sup> NIHALANI SURESH			2. Issuer Name and Ticker or Trading Symbol Apollo Medical Holdings, Inc. [AMEH]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			
(Last) (First) (Middle)			3. Statement for Is (Month/Day/Year)			Officer (give title below)	Other (spec	ify below)			
700 NORTH BRAND BOULEVARD, SUITE 450			01/31/2013								
(Street)			4. If Amendment, 08/06/2013	4. If Amendment, Date Original Filed(Month/Day/Year) 08/06/2013				6. Individual or Joint/Group Reporting (check applicable line)			
GLENDALE, CA	91203							_X_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person			
(City)	(State)	(Zip)	Ta	ble I - Non-De	rivative S	ecuritie	s Acqu	uired, Disposed of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	(A) or D	(Instr. 3, 4 and 5) (A) or		5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	· · · ·	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock								400,000	D		
Common Stock								400,000	Ι	Held by The Shining Star Trust, a trust of which Mr. Nihalani is a beneficiary and trustee	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this 5EC 2270 (9-02) form are not required to respond unless the form displays a currently valid OMB control number.

|--|

			( <i>e.g.</i> , p	outs, calls, wa	arrant	s, opt	ions, conver	tible securit	ties)					
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Numb	ber	and Expirati	on Date	Amou	int of	Derivative	of	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	rlying	Security	Derivative	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	ative			Secur	ities	(Instr. 5)	Securities	Derivative	Ownership
	Derivative				Secur	ities			(Instr	. 3 and		Beneficially	Security:	(Instr. 4)
	Security				Acqui	ired			4)				Direct (D)	
					(A) 01							End of	or Indirect	
					Dispo								(I)	
					of (D)							Fiscal Year	(Instr. 4)	
					(Instr.	· · · ·						(Instr. 4)		
					4, and	l 5)								
										Amount				
							Date	Expiration		or				
							Exercisable		Title	Number				
							Excicisable	Date		of				
					(A)	(D)				Shares				

Officer

Other

#### **Reporting Owners**

		Relationsh	iips
Reporting Owner Name / Address	Director	10% Owner	Off
Reporting Owner Name / Address			

NIHALANI SURESH 700 NORTH BRAND BOULEVARD SUITE 450 GLENDALE, CA 91203	Х			
---	---	--	--	--

## Signatures

/s/ Suresh Nihalani	08/16/2013
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 provided 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.