

(Print or Type Responses)

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

OMB APPROVAL				
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nours per response	e 0.5			

#### INITIAL STATEMENT OF 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

Name and Address of Reporting Person*  Kimmel Lance Jon	2. Date of Event Re Statement (Month/I 04/09/2015				3. Issuer Name and Ticker or Trading Symbol Apollo Medical Holdings, Inc. [AMEH]					
(Last) (First) (Middle) 700 NORTH BRAND BVLD., SUITE 220	—			Issuer	(Check all applicable)			5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) GLENDALE, CA 91203				Officer (gi	ive title	Other (specibelow)	Applicable   X_ Form f	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 Beneficially Owned								
1.Title of Security (Instr. 4)	2. Amount of Beneficially (Instr. 4)		•	F (I	Form: Direct D) or Indirect	Nature of Indirect Beneficial Ownership (Instr. 5)				
No securities beneficially owned		0	0		D					
Reminder: Report on a separate line for each class  Persons who respo			•	•	-	ia form are no	t voquived to vo	SEC 1473 (7-02)		
unless the form dis						iis form are no	t required to res	spond		
Table II - Derivati	e Securitie	s Beneficia	ally Ow	ned (e.g., puts, calls,	warra	ants, options, con	vertible securition	es)		
(Instr. 4)	2. Date Exercisable and Expiration Date Month/Day/Year)  Date Expiration		3. Title and Amount of Securities Underlying I Security (Instr. 4)  ion Title Amount or Numb		erivative	4. Conversion	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Exercisable	Date	Title	Shares			(Instr. 5)			

# **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Kimmel Lance Jon 700 NORTH BRAND BVLD. SUITE 220 GLENDALE, CA 91203	X				

## **Signatures**

Lance Jon Kimmel	04/17/2015
**Signature of Reporting Person	Date

### **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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 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.