UNITED STATES SECURITIES Washingt

S AND EXCHANGE COMMISSION	OMB APPROVAL				
	OMB Number: Estimated average burden hours per	3235-0287			
	response	0.5			

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

(Print or Type Responses)															
Name and Address of Reporting Person — Hosseinion Warren				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					
C/O 1668 S. GARFIELD A	VE., 2ND FLOOR	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/15/2018						X Officer (give title below) Other (specify below) Co-Chief Executive Officer					
(Street) ALHAMBRA, CA 91801			4. If <i>i</i>	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 Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3)			2. Transaction Da (Month/Day/Year		3. Transaction Co (Instr. 8)	Transaction Code str. 8) 4. Securities Acquirities Acquirities Acquirities Acquirities Acquirities (Instr. 3, 4 and 5)		(D)) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership of Indir	Beneficial			
				(Month/Day/Tear)	Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)				
Common Stock 01		01/15/2018		M		22,476	A	\$ 6.37	1,034,814	D					
Common Stock 02/15/20		02/15/2018		F		4,953	D	\$ 28.9	1,029,861	D					
Reminder: Report on a separate lin	ne for each class of securities b	eneficially owned	directly or indirec	ctly.						information contained in this form are not required to ntty valid OMB control number.	SEC	1474 (9-02)			

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
, i		(Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction ((Instr. 8)			Acquired (A) or of (D)	6. Date Exerci Expiration Dat (Month/Day/Y	te	7. Title and Amoun (Instr. 3 and 4)		Derivative Security	Securities Beneficially	Ownership Form of Derivative	Beneficial Ownership
				Code	v	(A)			Expiration Date		Amount or Number of Shares		Following Reported Transaction(s)	Security: Direct (D) or Indirect (I) (Instr. 4)	` '
Stock Option	\$ 6.37	01/15/2018		M			22,476	09/14/2016	02/14/2021	Common Stock	22,476	\$ 0	71,024	D	

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Hosseinion Warren C/O 1668 S. GARFIELD AVE. 2ND FLOOR ALHAMBRA, CA 91801	X		Co-Chief Executive Officer					

Signatures

Warren Hosseinion	05/18/2018
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).

Remarks:

The acquisition of the Issuer's common stock reported on this Form 4 resulted from the exercise of an option granted by the Issuer's Compensation Committee, a committee of non-

employee directors, and is therefore exempt from section 16(b) of the Securities Exchange Act of 1934, as amended (the "Act"), pursuant to rule 16b-3(d)

(1) thereunder. The disposition of such common stock reported was made pursuant to a tax withholding right approved by the Compensation Committee in connection with such option at the time it was granted and is therefore also exem 3(e) thereunder.

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.