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

(Print or Ty	pe Response	s)															
Name and Address of Reporting Person* Hosseinion Warren					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) C/O 1668 S. GARFIELD AVE., 2ND FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 06/12/2018							X Officer (give title below) Other (specify below) Co-Chief Executive Officer					
(Street) ALHAMBRA, CA 91801				4. If A	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						Acqui	ired, Disposed of, or Beneficially Owned					
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Yea		Code (Inst		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			of (D)	Reported Transaction(s)		Following (s)	Ownership of Form:	Beneficial		
				(Mon	m/Day/ 1	ear)		ode	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)		(\ /	Ownership (Instr. 4)
Common	Stock		06/12/2018					S		13,000	D 5	\$ 15.44	872,338	3	I)	
Common	n Stock		06/13/2018				,	S		15,000	D 5	\$ 15.77	857,338	3	I)	
Reminder:	Report on a s	separate line to	or each class of secu Table II -	Deriva	ntive Sec	uriti	ies Ac	quire	Pers cont the f	ons what ained in form dis	no respon n this for splays a	rm are currer reficiall	not requ ntly valid		ormation spond unles rol number.	s	1474 (9-02)
1. Title of	<u></u>	3. Transactio		· U / A	uts, calls 4.		arrant 5.	ts, op			tible secu		tle and	8. Price of	9. Number of	10.	11. Natur
Derivative Security (Instr. 3)		Date	te Execution Do onth/Day/Year) any	ate, if	te, if Transaction Code Year) (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		Amo Undo Secu	ount of erlying rities r. 3 and	Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersh Form of Derivativ Security Direct (I or Indire	of Indire Beneficia Ownersh (Instr. 4)	
													Amount				

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	06/14/2018
**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).

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.