

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

| OMB APPROVAL | | | | |
|--------------------------|-----------|--|--|--|
| OMB Number: | 3235-0104 | | | |
| Estimated average burden | | | | |
| 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

| (Print or Type Responses) | <u> </u> | | 1 | | | | | | | |
|---|--|--|-----------------|--|----------------------|--|---|--|---|--|
| Name and Address of Reporting Person Schmidt David | Statemen | 2. Date of Event Requiring Statement (Month/Day/Year) 05/21/2013 | | 3. Issuer Name and Ticker or Trading Symbol Apollo Medical Holdings, Inc. [AMEH] | | | | | | |
| (Last) (First) (Mi 700 NORTH BRAND BLVD, SU 220 | ddle) | | | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director | | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | | |
| (Street) GLENDALE, CA US 91203 | | | | | | | | 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 Securities Beneficially Owned (Instr. 4) 2. Amount of Securities Beneficially Owned (Instr. 5) 3. Ownership Form: Direct (I) (Instr. 5) | | : Direct r Indirect | 4. Natu (Instr. 5 | ature of Indirect Beneficial Ownership tr. 5) | | | | |
| unless the fo | ch class of securities respond to the co rm displays a cur derivative Securities | ollection of in rently valid O | formation c | ontained in the number. | | | · | · | SEC 1473 (7-02) | |
| 1. Title of Derivative Security (Instr. 4) | | Date Exercisable and piration Date Sonth/Day/Year) | | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | | 4. Conversion or Exercise Price of Derivative | | Ownership rm of erivative curity: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| | Date Exercisable | Expiration Date | Title | Amount or Number of Sh | | Security | | rect (D) or direct (I) astr. 5) | | |
| Options | 05/21/2013(1) | 05/21/2023 | Common Stock | 400,000 | | \$ 0.52 | | D | | |
| | | | | | | | | | | |

Reporting Owners

| | Relationships | | | | | |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Schmidt David 700 NORTH BRAND BLVD SUITE 220 GLENDALE, CA US 91203 | X | | | | | |

Signatures

| David Schmidt | 02/04/2014 |
|---------------------------------|------------|
| **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).
- (1) (1)Options vest evenly on a monthly basis over thirty six months.

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.