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 * Vazquez Adrian				2. Issuer Name and Ticker or Trading Symbol Apollo Medical Holdings, Inc. [AMEH]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
C/O 1668 S. GARFIELD AVE., 2ND FL.				3. Date of Earliest Transaction (Month/Day/Year) 09/11/2019						X Officer (give title below) Other (specify below) Chief Medical Officer						
(Street) ALHAMBRA, CA 91801				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City)	(State)	(Zip)			Tabl	e I - No	n-De	rivative S	Securitie	es Acqu	ired, Disp	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	any	ion Date, if	if C			4. Securities Acquire (A) or Disposed of ((Instr. 3, 4 and 5)		of (D)	Beneficia Reported	unt of Securities cially Owned Following ad Transaction(s)		Ownership Form:	Beneficial	
			(Month/Day/Year)		ar)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	(Instr. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock		09/11/2019				S		43,704	D	\$ 20.14	562,037		D			
Common	Stock		09/12/2019				S		13,746	5 D	\$ 20.14	548,291			D	
Common Stock 09/		09/13/2019				S		27,350	D	\$ 19.77	520,941	520,941		D		
Reminder:	Report on a s	separate line fo	or each class of secur	rities ben	eficially	own	ed direc	Pers	sons wh	o respo	orm ar	e not requ		formation spond unle trol numbe	ss	1474 (9-02)
			Table II -						isposed o							
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security Security 3. Transaction Date (Month/Day)		on 3A. Deemed Execution Da any	Date, if Transaction Code (Instr. 8)		5. n Nu of De Se Ac (A Di of (In	ımber	6. D and (Mo	Pate Exerc Expiration on the Day/	cisable on Date	7. T Am Und Sec	Title and ount of derlying urities tr. 3 and	nnt of rlying ities (Instr. 5) Book For Ro		Owners Form of	Beneficia Ownersh (Instr. 4)	
				C	ode V	7 (A	A) (D)			Expiration Date	on Titl	Amount or Number of Shares				

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	Director Officer Officer		Other			
Vazquez Adrian C/O 1668 S. GARFIELD AVE., 2ND FL. ALHAMBRA, CA 91801			Chief Medical Officer				

Signatures

/s/ Adrian Vazquez	09/16/2019

**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.