FORM :	5
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Г	Check this box if no longer
	subject to Section 16. Form 4
	or Form 5 obligations may
	continue. See Instruction 1(b).
	Form 3 Holdings Reported

Form 4 Transactions

Reported

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

OMB APPROVAL OMB Number: 3235-0362 Estimated average burden hours per response... 1.0

ANNUAL 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

1. Name and Address of Reporting Person [*] NIHALANI SURESH			2. Issuer Name and Ticker or Trading Symbol Apollo Medical Holdings, Inc. [AMEH.OB]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			
(Last) 450 NORTH BRA	(First)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 01/31/2010					Officer (give title below)Other (specify below)			
(Street) GLENDALE, CA 91203			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Reporting (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 Acqu								
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		Beneficial Ownership	
Common Stock, p \$.001 per share	oar value	10/27/2008(1)		A4	400,000 (1)	А	\$ 0	400,000	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this 5EC 2270 (9-02) form are not required to respond unless the form displays a currently valid OMB control number.

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

			(<i>e.g.</i> , p	uts, calls, wa	arrant	s, opt	tions, conver	tible securit	ties)					
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Numb	ber	and Expirati	on Date	Amou	unt of	Derivative	of	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	rlying	Security	Derivative	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	ative			Secur	rities	(Instr. 5)	Securities	Derivative	Ownership
	Derivative				Secur	ities			(Instr	. 3 and		Beneficially	Security:	(Instr. 4)
	Security				Acqui	ired			4)				Direct (D)	
					(A) 01							End of	or Indirect	
					Dispo								(I)	
					of (D)								(Instr. 4)	
					(Instr.	· · · ·						(Instr. 4)		
					4, and	l 5)								
										Amount				
							Data	Expiration		or				
							Date Exercisable	-	Title	Number				
							Excicisable	Date		of				
					(A)	(D)				Shares				

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
NIHALANI SURESH 450 NORTH BRAND BOULEVARD GLENDALE, CA 91203	х						

Signatures

/s/ Suresh Nihalani	05/24/2010
**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).
- These shares were granted in connection with Mr. Nihalani's appointment as director on November 1, 2008, pursuant to a director agreement dated effective as of October (1) 27, 2008. These shares represent restricted stock units that will be settled in common stock upon vesting. Pursuant to an agreement with the Issuer, the shares of common stock will vest in 36 equal monthly installments. As of the date this report is being filed, 188,887 shares have vested.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.