FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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) | | | | | | | | | | | | | | |
|---|---|-----------------|---|---|--|--|---|--|---|--|---|--|---------------|--|---|---|
| 1. Name and Address of Reporting Person * Sim Kenneth T. | | | | 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) 1668 S. GARFIELD AVE., 2ND FLOOR | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/10/2020 | | | | | | X Officer (give title below) Other (specify below) Executive Chairman and Co-CEO | | | | | | |
| (Street) ALHAMBRA, CA 91801 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) 09/10/2020 | | | | | | 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 Acqu | | | | | | | iired, Disp | osed of, or l | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | any | on Date, if | (Instr. 8) | | tion | tion 4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5) | | | | | | Ownership Form: | 7. Nature of Indirect Beneficial Ownership | |
| | | | | (Month/Day/Year) | | | ode | V | Amoun | (A) or t (D) | Price | (Ilisti. 3 a | u. 3 and 4) | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| Common | Stock | | 09/10/2020 ⁽¹⁾ | | | | P | | 5,000 | A | \$ 17.60 | 37,996 | | | Ī | By Kenneth T. Sim Pension Plan Trust |
| Reminder: | Report on a s | separate line f | or each class of secu | rities ben | eficially o | wned | | Pers | ons whained i | no respo n this fo | orm ar | e not requ | | formation spond unle trol numbe | ss | 1474 (9-02) |
| | | | | | | | | | | | | lly Owned | | | | |
| Security | 2. Conversion or Exercise Price of Derivative Security | e (Month/Day/Y | ansaction 3A. Deemed Execution Da ath/Day/Year) any | Code (Instr. 8) | | 5. Num of Deriv Secur Acqu (A) o Dispo of (D (Instr | 6. D and (Mo erivative curities equired .) or sposed | | 5. Date Exercisable and Expiration Date Month/Day/Year) | | 7. 7 An Un Sec | Fitle and nount of derlying curities str. 3 and Amount | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Owners Form of Derivati Security Direct (or Indire | Beneficia Ownershi (Instr. 4) D) |
| | | | | (| Code V | (A) | (D) | Date | e rcisable | Expiration Date | Tit | or Number of Shares | | | | |

Reporting Owners

| D (1 0 N / | Relationships | | | | | | | |
|--|---------------|--------------|-------------------------------|--|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | | | | | |
| Sim Kenneth T. 1668 S. GARFIELD AVE. 2ND FLOOR ALHAMBRA, CA 91801 | X | | Executive Chairman and Co-CEO | | | | | |

Signatures

| /s/ Kenneth T. Sim | 09/10/2020 |
|--------------------|------------|
| | |

| **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).
- (1) The purpose of this amendment is solely to correct a typographical error relating to the transaction date in Table I, Box 2 of the Reporting Person's Form 4. This corrected Form 4 reflects the correct date of September 10, 2020 in Table 1, Box 2 (Transaction Date).

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.