# 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

Ì	pe Response		*										5 D 1 (	1: CD	D	( ) ( <b>T</b>	
Name and Address of Reporting Person * Sim Brandon					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					
(Last) (First) (Middle) C/O APOLLO MEDICAL HOLDINGS, INC., 1668 S. GARFIELD AVENUE, 2ND FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 09/10/2020							X_Offic	er (give title bel	ow) See Remar	Other (specify	below)	
(Street)				4. If	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					
ALHAIVI (City	BRA, CA	(State)	(Zip)			700		<b></b>							5 6 1 1	0 1	
				104 7		18	-			1				osed of, or l		1	
1.Title of Security (Instr. 3)  2. Transacti Date (Month/Day			Exec		ĺ	(Instr. 8)		tion	ion 4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	unt of Securities ally Owned Following d Transaction(s) and 4)		6. Ownership Form:	Beneficial	
			(Month/Day/Year)			ode	V	Amount	(A) or (D)	Price	(Instr. 3 a	Direct (D) or Indirect (I) (Instr. 4)			Ownership (Instr. 4)		
Common Stock		09/10/2020				P		5,000	A	\$ 17.60	37,996 (1)			I	By Kenneth T. Sim Pension Plan Trust (1)		
Common	Common Stock												16,379			D	
Reminder:	Report on a s	separate line fo	or each class of secu	Deriv	ative Sec	curit	ies Ac	equire	Pers cont the f	sons wh tained in form dis	no responding this formal in this fo	orm are a curre eneficial	e not requ ntly valid	ction of inf uired to res I OMB con	spond unle	ess	1474 (9-02)
1. Title of	2.	3. Transactio		` ' '	outs, call		arran 5.	ts, op		, convert			itle and	8 Price of	9. Number	of 10.	11. Natı
Derivative Security	Conversion or Exercise Price of Derivative Security		Execution Da (Year) any	tte, if Transaction Code Year) (Instr. 8)		Number		6. Date Exercisable and Expiration Date (Month/Day/Year)		Am Und Sec	ount of lerlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form o Derivat Securit Direct or India	ship of Indire f Benefic ive Owners y: (Instr. 4		
							(A)		Date	e rcisable	Expiration Date	on Title	or Number of				

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Sim Brandon C/O APOLLO MEDICAL HOLDINGS, INC. 1668 S. GARFIELD AVENUE, 2ND FLOOR ALHAMBRA, CA 91801			See Remarks			

### **Signatures**

/s/ Brandon Sim	09/14/2020
**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).
- These securities are held by the Kenneth T. Sim Pension Plan Trust U.A. dated 12/18/2007. The Reporting Person disclaims beneficial ownership of these securities except to (1) the extent of his pecuniary interest therein, and the filing of this report is not an admission that the Reporting Person is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.

#### Remarks:

Chief Technology Officer, Interim Co-COO and Vice President of Engineering

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.