## FORM 4

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

| OMB APPRO           | OVAL      |
|---------------------|-----------|
| OMB Number:         | 3235-0287 |
| Estimated average b | urden     |
| hours per response  | 0.5       |

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 * Eng Michael F.            |             |                            | 2. Issuer Name and Ticker or Trading Symbol<br>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 AVENUE, 2ND FLOOR (Street) |             |                            | `                                                                                   | Date of Earliest Transaction (Month/Day/Year)     11/11/2020      High Amendment, Date Original Filed(Month/Day/Year) |              |                         |        |                                                          |                                                                                        | _                                                                                             | Officer (give title below)  Other (specify below)  6. Individual or Joint/Group Filing(Check Applicable Line)  X_ Form filed by One Reporting Person  Form filed by More than One Reporting Person |             |                                                                                                             |                                                                           |                                        |
|                                                                     |             |                            |                                                                                     |                                                                                                                       |              |                         |        |                                                          |                                                                                        |                                                                                               |                                                                                                                                                                                                    |             |                                                                                                             |                                                                           |                                        |
|                                                                     | IBRA, CA    |                            |                                                                                     |                                                                                                                       |              |                         |        |                                                          |                                                                                        |                                                                                               |                                                                                                                                                                                                    |             | Troporting Forson                                                                                           |                                                                           |                                        |
| (Cit                                                                | y)          | (State)                    | (Zip)                                                                               |                                                                                                                       |              | T                       | able I | - Non-Deriv                                              | vative Securitie                                                                       | es Acquire                                                                                    | d, Disposed                                                                                                                                                                                        | of, or Bene | eficially Owne                                                                                              | d                                                                         |                                        |
| 1.Title of S<br>(Instr. 3)                                          | Security    |                            | 2. Transaction<br>Date<br>(Month/Day/Year)                                          | any                                                                                                                   | ion Date, if |                         |        | (A                                                       | . Securities Acquired<br>A) or Disposed of (D)<br>Instr. 3, 4 and 5)                   |                                                                                               | Owned Following Reported<br>Transaction(s)                                                                                                                                                         |             | d C<br>F                                                                                                    | Ownership<br>Form:                                                        | 7. Nature<br>of Indirect<br>Beneficial |
|                                                                     |             |                            |                                                                                     | (Month/Day/Ye                                                                                                         |              | y/Year)                 | Cod    | de V A                                                   | V Amount (D)                                                                           |                                                                                               | str. 3 and 4)                                                                                                                                                                                      | <b>i)</b>   |                                                                                                             | Direct (D) (Or Indirect (I) (Instr. 4)                                    | Ownership<br>Instr. 4)                 |
|                                                                     |             |                            |                                                                                     |                                                                                                                       |              |                         |        | in this f<br>display<br>uired, Dispo                     | s who respon<br>form are not r<br>s a currently<br>osed of, or Beno<br>nvertible secur | equired to<br>valid OME                                                                       | o respond<br>3 control r                                                                                                                                                                           | unless the  |                                                                                                             |                                                                           | 474 (9-02)                             |
|                                                                     | Conversion  | ise (Month/Day/Year)<br>ve | any (Month/Day/Year)                                                                | 4. 5. Transaction of Code S (Instr. 8) A                                                                              |              | 5. Number of Derivative |        | 6. Date Exercisable and Expiration Date (Month/Day/Year) |                                                                                        | 7. Title and Amount of Underlying Securities (Instr. 3 and 4)                                 |                                                                                                                                                                                                    |             | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s | Ownershi<br>Form of<br>Derivativ<br>Security:<br>Direct (D<br>or Indirect | (Instr. 4)                             |
|                                                                     |             |                            |                                                                                     | Code                                                                                                                  | v            | (A)                     | (D)    | Date<br>Exercisable                                      | Expiration<br>Date                                                                     | Title                                                                                         | Amount<br>or<br>Number<br>of<br>Shares                                                                                                                                                             |             | (Instr. 4)                                                                                                  | (Instr. 4)                                                                |                                        |
| Stock<br>Option<br>(right to<br>buy)                                | \$ 18.20    | 11/11/2020                 |                                                                                     | A                                                                                                                     |              | 20,000                  | )      | (1)                                                      | 11/11/2025                                                                             | Commo<br>Stock                                                                                | n 20,000                                                                                                                                                                                           | \$ 0        | 20,000                                                                                                      | D                                                                         |                                        |

#### **Reporting Owners**

|                                                                            | Relationships |              |         |       |  |  |
|----------------------------------------------------------------------------|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address                                             | Director      | 10%<br>Owner | Officer | Other |  |  |
| Eng Michael F.<br>1668 S. GARFIELD AVENUE, 2ND FLOOR<br>ALHAMBRA, CA 91801 | X             |              |         |       |  |  |

#### **Signatures**

| /s/ Michael F. Eng              | 11/13/2020 |
|---------------------------------|------------|
| **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 option vests in four equal quarterly installments from the option grant 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. |  |
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