## 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

1. Name and Address of Reporting Person * Chin Eric  (Last) (First) (Middle) 1668 S. GARFIELD AVE., 2ND FLOOR  (Street)  ALHAMBRA, CA 91801		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						
		· · · · · · · · · · · · · · · · · · ·	3. Date of Earliest Transaction (Month/Day/Year) 03/08/2021						Director				elow)
			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)	Ta	ble I - Non	ı-Deri	vative Se	curities	Acqui	red, Dispo	osed of, or I	Beneficially (	wned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)			(Instr. 8) (Inst		(A) or D	ecurities Acquired or Disposed of (D) tr. 3, 4 and 5)		Beneficially Owned Following Reported Transaction(s)		ollowing (s)	6. Ownership Form:	Beneficial
			(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(mstr. 3 ai	nstr. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock	03/0	8/2021		Α		8,606	A	\$ 0	24,670			D	
Reminder: Report on a separate	Time for each	class of securi	,		conta	ined in	this for	m are	not requ		ormation spond unlestrol number	s	1474 (9-02)
Reminder: Report on a separate	line for each		,		conta the fo	ained in orm disp	this for plays a	m are	not requ ntly valid	ired to res	spond unles	s	1474 (9-02)
1. Title of 2. 3. Trans Derivative Conversion Date	nsaction 3 n/Day/Year)	Table II - L (e 3A. Deemed Execution Dat	Derivative Securities, puts, calls, wa 4. e, if Transaction Code (ear) (Instr. 8)	es Acquires, op 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	ed, Distions, 6. Da and H	ained in orm disp sposed of	this for blays a c, or Ben ble secur sable Date	eficial rities) 7. Ti Amo Und Secu	not requ ntly valid	OMB cont	spond unles	f 10. Ownersl Form of Derivati Security Direct (I or Indire	11. Nation of Indir Benefic Owners (Instr. 4
1. Title of Derivative Conversion Of Exercise (Instr. 3)  1. Title of 2. Date Of Derivative (Month Derivative Conversion Of Derivative Conversion	nsaction 3 n/Day/Year)	Table II - L (e 3A. Deemed Execution Dat	Derivative Securities, ware seen of the security of the securi	es Acquires rrants, op 5. Number of Derivative Securities Acquired (A) or Disposed of (D)	conta the fo	sposed of convertil te Exerci expiration th/Day/Y	this for plays a , or Ben ble secur sable Date (ear)	eficial rities) 7. Ti Ama Und Secu (Inst	e not requently valid  Ity Owned  Itle and bount of erlying urities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(	f 10. Ownersl Form of Derivati Security Direct (I or Indirects)	11. Nation of Indir Benefic Owners (Instr. 4

D C O N	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Chin Eric 1668 S. GARFIELD AVE. 2ND FLOOR ALHAMBRA, CA 91801			Chief Financial Officer			

## **Signatures**

/s/ Eric Chin	03/08/2021	
**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.