

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

OMB APPROVAL				
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Estimated average burden nours per response 0.5				
nours per response				

### INITIAL STATEMENT OF 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 mit of Type Responses)									
Name and Address of Reporting Personal Basho Chandan	son*	Statement (Month/Day/Year) 05/05/2022			3. Issuer Name and Ticker or Trading Symbol Apollo Medical Holdings, Inc. [tsytsy7\$]				
(Last) (First) 1668 S. GARFIELD AVENUE FLOOR	(Middle) , 2ND			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) ALHAMBRA, CA 91801					X Officer (give title below)  See Remarks			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)	Table I - Non-Derivative Securities Beneficially Owned					wned		
Instr. 4)		Beneficially Owned F (Instr. 4) (I		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
unless the	ho respo	nd to the c plays a cur	ollection rrently va	of informat	ectly or indirectly. ion contained in introl numberg., puts, calls, war		·		
1. Title of Derivative Security (Instr. 4)		2. Date Exer and Expirati	Date Exercisable 3. da Expiration Date So Sonth/Day/Year) So		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		5. Owner Form of Derivating Security	ership f ive y: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		Date Exercisable	Expiration Date	Title Amo	unt or Number of	Security	(D) or I: (I) (Instr. 5		
Reporting Owners									
		Relat	tionships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Othe	er				

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Basho Chandan 1668 S. GARFIELD AVENUE 2ND FLOOR ALHAMBRA, CA 91801			See Remarks		

### **Signatures**

/s/ Chandan Basho	05/16/2022
**Signature of Reporting Person	Date

## **Explanation of Responses:**

#### No securities are beneficially owned

- \* If the form is filed by more than one reporting person, see Instruction 5(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).

#### Remarks:

Interim Chief Financial Officer

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.