SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(City)	(State)	(Zip)		
(Street) ALHAMBRA	СА	91801		Form filed by More than One Reporting Person
2ND FLOOR			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person
1668 S. GARFIE	ELD AVE.			Chief Administrative Officer
(Last)	.ast) (First) (Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/02/2022	X Officer (give title below) Other (specify below)
1. Name and Addres Young Albert		son*	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

		18	ible I - NO	n-De	rivativ	e se	curities	S ACC	uirea,	, Dis	posea or,	or Bene	ficially U	wnea				
1. Title of Security (Instr. 3) Common Stock			I	Date	isaction n/Day/Yea	ear) Ex	2A. Deemed Execution Date, if any (Month/Day/Year)	Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) I (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	(Instr. 3 and				(Instr. 4)
				12/02/2022					J ⁽¹⁾		984,042	D	\$0	10,191,660 ⁽²⁾		I		By Allied Physicians of California, a Professiona Medical Corporation
Common Stock				12/02/2022				J ⁽³⁾		19,506	Α	\$ <mark>0</mark>	1,184,749		D			
			Table II -								sed of, o onvertible			ned				
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Da (Month/Day/Y		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	ive ties cially ing ed	10. Ownershij Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares]	Transa (Instr. 4			

Explanation of Responses:

1. Allied Physicians of California, A Profession Medical Corporation ("Allied"), of which the Reporting Person is a director, officer and shareholder, distributed these shares as an in-kind dividend to its shareholders.

2. These securities are beneficially owned by Allied, of which the Reporting Person is a director, officer and shareholder. The Reporting Person disclaims beneficial ownership of these securities except to 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.

3. Represents the receipt of shares of the issuer pursuant to a pro rata in-kind distribution by Allied, of which the Reporting Person is a director, officer and shareholder.

/s/ Albert WaiChow Young	
** Signature of Reporting Person	

12/06/2022 Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* 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.

Persons who 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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