## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
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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

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

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					Issuer Name and Ticker or Trading Symbol							l											
Director X 10% Owner				<u>Apollo Medical Holdings, Inc.</u> [ AMEH ] 3. Date of Earliest Transaction (Month/Day/Year)																			
ecify	Other (s below)		ive title	Officer (g below)						., Day		550 11011000			12/07								
6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person     X Form filed by More than One Reporting Person				4. If Amendment, Date of Original Filed (Month/Day/Year)					(Last)     (First)     (Middle)       1668 S. GARFIELD AVE.     4. If Arr       2ND FLOOR     4. If Arr														
																91801		A CA	(Street) ALHAMBR				
																(Zip)	te)	(Sta	(City)				
				ned	ally Ow	ficia	Benef	f, or l	osed o	Disp	quired,	rities Ac	Secu	tive	-Deriva	Table I - Nor							
7. Nature of Indirect Beneficial Ownership	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Form or Ind	5. Amount of Securities Beneficially Owned Following Reported			Securities Acquired (A) or sposed Of (D) (Instr. 3, 4 and 5)					Transad Code (In	ution Date,	Execution Dat		itle of Security (Instr. 3) 2. Transactic Date (Month/Day/		1. Title of Secu						
(Instr. 4)		(Instr. 3 and 4)		durate 2 and A		(A) or (D) Price (Instr. 3 and 4)		Amount	v	Code													
	D	_	10,246,997 <sup>(1)</sup>		\$10			55,337		М		07/2022			ommon Stock								
	D		,259(1)	10,299,	\$11		A		52,2		М				12/07/2			ck	Common Sto				
				ed	y Owne							ies Acqu /arrants,				Table II - E (							
11. Nature of Indirect Beneficial Ownership (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	ve es ially ng ed	9. Numb derivativ Securitie Beneficia Owned Followin Reported	8. Price of Derivative Security (Instr. 5)	/ing	le and 7. Title and Amoun Securities Underly Derivative Security 3 and 4)			6. Date Exercisat Expiration Date (Month/Day/Year)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		saction Derivative e (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and		action Derivative E (Instr. Securities (M Acquired (A) or Disposed of (D) (Instr. 3, 4 and		Transaction         Derivative         Ex           Code (Instr.         Securities         (M           8)         Acquired (A) or Disposed of (D) (Instr. 3, 4 and         Ex				Date Exec (Month/Day/Year) if an	2. Conversion or Exercise Price of Derivative Security	1. Title of Derivative Security (Instr. 3)
			Transactio (Instr. 4)		ount or nber of ires			Title	piration ate		Date Exercisat	(D)	(A)	v	Code								
	D		0	(2)	,337.13	55,3	nmon ock		2/08/2022	7 12	12/08/201	55,337.13			М		12/07/2022	\$10	Warrants to purchase Common Stock				
	D		0	(2)	,262.84	52,2	nmon ock		2/08/2022	7 13	12/08/201	52,262.84			М		12/07/2022	\$11	Warrants to purchase Common Stock				
													1						1. Name and Ad				
															<u>A</u>		ANS OF CA						
																-							
																(Middle)	First) VE.	RFIELD A	(Last) 1668 S. GAI				
																		<i>χ</i>					
																91801	CA	A (	ALHAMBR				
																(Zip)	State)	(	(City)				
																	porting Person <sup>*</sup>		1. Name and Ad Lam Thon				
																(Middle)	First)		(Last) 1668 GARF				
																91801	CA	A (	(Street) ALHAMBR				
																(Zip)	State)	(	(City)				
													-		A	2 (Middle) 91801 (Zip) (Middle) 91801	ANS OF CA DICAL Corp First) VE. CA State) porting Person* First) , 2ND FLOOR	PHYSICI SION ME (RFIELD ANR A ( ddress of Rep nas S. ( IELD AVE A (	ALLIED I PROFESS (Last) 1668 S. GAH 2ND FLOOI (Street) ALHAMBR (City) 1. Name and Ad Lam Thom (Last) 1668 GARFI (Street) ALHAMBR				

1. Name and Address <u>Sim Kenneth 1</u>	of Reporting Person * <u> .</u>		
(1. cot)	(First)	(Middle)	
(Last)	(First)	(Middle)	
1668 S. GARFIEI	LD AVE.		
2ND FLOOR			
(Street)			
ALHAMBRA	CA	91801	
(City)	(State)	(Zip)	
1. Name and Address	of Reporting Person *		
Young Albert			
(Last)	(First)	(Middle)	
1668 S. GARFIEI	LD AVE.		
2ND FLOOR			
(Street)			
(Street) ALHAMBRA	СА	91801	
. ,	CA	91801	

## Explanation of Responses:

1. These shares are owned directly by the Reporting Person, and indirectly by Kenneth Sim, Thomas Lam, and Albert Young, each of whom is a director, officer and shareholder of the Reporting Person.

2. On December 8, 2017, a reverse merger transaction between the Issuer and Network Medical Management, Inc. ("NMM") was consummated such that NMM became a wholly-owned subsidiary of the Issuer (the "Merger). Immediately prior to the closing of the Merger, the Reporting Person was a shareholder of NMM. Pursuant to the Merger, the shares of NMM common stock previously held by Reporting Person were converted into certain securities of the Issuer and other consideration, including (i) a warrant to purchase 55,337.13 shares of common stock of the Issuer at an exercise price of \$10.00 per share and (ii) a warrant to purchase 52,262.84 shares of common stock of the Issuer at an exercise price of \$11.00 per share.

/s/ Thomas S. Lam, Chief Executive Officer	12/09/2022
/s/ Thomas S. Lam	12/09/2022
/s/ Kenneth T. Sim	12/09/2022
/s/ Albert WaiChow Young	12/09/2022
** Signature of Reporting Person	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.