FORM 5

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

OMB APPROVAL						
OMB Number:	3235-0362					
Estimated average burden						
houre por rocpone	1.0					

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
Form 3 Holdings Reported
Form 4 Transactions

Reported

ANNUAL 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

Name and Address of Reporting I Hosseinion Warren	2. Issuer Name and Ticker or Trading Symbol Apollo Medical Holdings, Inc. [AMEH]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner				
(Last) (First) 700 NORTH BRAND BLVD	(Middle) D., SUITE 700	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 01/31/2009					X_ Officer (give title below) Other (specify below) Chief Executive Officer			
(Street)	(Street) 4. If Amendment, Date Original Filed(Month/				ay/Year)		6. Individual or Joint/Group Reporting (check applicable line)			
GLENDALE, CA 91203						_X_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person				
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acqu					ired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		of (D)	(Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
Common Stock							9,123,387	D		

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

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 control number.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2	3. Transaction	3A. Deemed	4	5		6. Date Exer	cisable	7. Tit	le and	8 Price of	9. Number	10.	11. Nature
	Conversion		Execution Date, if	Transaction	Numl		and Expirati		Amou		Derivative		Ownership	
		(Month/Day/Year)	· ·		of		(Month/Day		Unde					Beneficial
-	Price of	(Wolland Day Tear)	(Month/Day/Year)		Deriv		`	(Car)	Secur	, .			Derivative	
\	Derivative		(Woman Bay Tear)	(Ilisti: 0)	Secur					. 3 and	· /	Beneficially		(Instr. 4)
	Security				Acqu				4)	. D unu			Direct (D)	(1115111 1)
					(A) o								or Indirect	
					Dispo							Issuer's	(I)	
					of (D)						Fiscal Year	(Instr. 4)	
					(Instr	. 3,						(Instr. 4)		
					4, and	15)								
										Amount				
							D .			or				
								Expiration		Number				
							Exercisable	Date		of				
					(A)	(D)				Shares				

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Hosseinion Warren 700 NORTH BRAND BLVD. SUITE 700 GLENDALE, CA 91203	X	X	Chief Executive Officer				

Signatures

/s/ Warren Hosseinion	08/06/2013
**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 provided 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.