FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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

(Print or Ty	pe Response	s)													
Name and Address of Reporting Person* Augusta Gary				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 10% Owner				
700 NORTH BRAND BLVD., SUITE 1400				3. Date of Earliest Transaction (Month/Day/Year) 04/30/2013							X Officer (give title below) Other (specify below) Executive Chairman				
(Street) GLENDALE, CA 91203				4. If Amendment, Date Original Filed(Month/Day/Year) 02/18/2014					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)		Tab	le I - No	n-Der	ivative !	Securities	Acqui	ired, Disp	osed of, or I	Beneficially	Owned	
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)		e, if	3. Transa Code (Instr. 8)	(A) or Disposed of (D) (Instr. 3, 4 and 5)				Beneficially Owned Following Reported Transaction(s)			Ownership of Form:	Beneficial	
			(Month/Day/Year)	ear)	Code	V	Amou	(A) or nt (D)	Price	(Instr. 3 a	nd 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common	Stock		04/30/2013			J(1)		100,00		\$ 0 (1)	1,659,4	57 (2) (3)		D	
Common Stock										266,000 ⁽²⁾		I	See footnote (4)		
Reminder:	Report on a s	separate line fo		Derivative Secu	ırities	s Acquir	Pers cont the f	sons whatained in form dis	no respon n this for splays a c	m are curre	not requesting ntly valid	ction of inf uired to res OMB conf	spond unle	ess	1474 (9-02)
	I.	l		e.g., puts, calls,		rants, op				1 (2 4 2	44.37
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Y	Year) Execution Da	e, if Transaction Code (Instr. 8) Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		and Expiration Date (Month/Day/Year)		Amo Und Secu	itle and ount of erlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form o Derivat Security Direct (or Indir	Beneficia Ownersh (Instr. 4)		
				Code	V (A	A) (D)	Date Exer		Expiration Date	Title	Amount or Number of Shares				

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Augusta Gary 700 NORTH BRAND BLVD. SUITE 1400 GLENDALE, CA 91203	X		Executive Chairman					

Signatures

/s/ Gary Augusta	05/18/2016
**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).
- (1) A Form 4 filed on February 18, 2014 incorrectly stated that the reporting person acquired indirect beneficial ownership of 100,000 shares that were issued to SpaGus Apollo LLC. The reporting person did not have a relationship that would have resulted in him having indirect beneficial ownership of Issuer securities held by SpaGus Apollo LLC.
- (2) All share amounts have not been adjusted to give effect to a 1-for-10 reverse stock split effected on April 24, 2015.
- (3) 1,400,000 of these shares were previously reported as indirectly owned.
- 216,000 shares are directly owned by SpaGus Capital Partners LLC, of which the reporting person is President and a 50% member. 50,000 shares are directly owned by (4) SpaGus Ventures LLC, of which SpaGus Capital Partners LLC is Manager. The reporting person disclaims beneficial ownership of Issuer common stock held by such entities except to the extent of his pecuniary interest therein.

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.