## FORM 4

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

| OIVIB APPRO           | VAL      |
|-----------------------|----------|
| OMB Number:           | 3235-028 |
| Estimated average bur | den      |
| hours per response    | 0.       |

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

|  | pe Response   |                                      |   |   |   |   |   |  |   |   |   |  |   |   |   |  |
|--|---|--------------------------------------|---|---|---|---|---|--|---|---|---|--|---|---|---|--|
| 1. Name and Address of Reporting Person *- Augusta Gary            |   |                                      |   |   | 2. Issuer Name and Ticker or Trading Symbol<br>Apollo Medical Holdings, Inc. [AMEH] |   |   |  |   |   | _x_   | S. Relationship of Reporting Person(s) to Issuer |   |   |   |  |
| 700 NORTH BRAND BLVD., SUITE 1400                                  |   |                                      |   | Date of Earliest Transaction (Month/Day/Year)     09/14/2016      If Amendment, Date Original Filed(Month/Day/Year) |   |   |   |  |   | _X_   |   |  |   |   |   |  |
| (Street)   |   |                                      |   |   |   |   |   |  |   | 4. If Ar  | _X_ Fo  |  |   |   |   |  |
| GLENDALE, CA 91203   |   |                                      |   |   |   |   |   |  |   |   |   |  |   |   |   |  |
| (City) (State) (Zip)   |   |                                      |   | Table I - Non-Derivative Securities Acqu  |   |   |   |  | Acquired, I   | ired, Disposed of, or Beneficially Owned  |   |  |   |   |   |  |
| 1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yes |   | 2A. Deemed<br>Execution Date,<br>ar) |   | Date, if  | (Instr. 8)  |   | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |  | (D) Owne<br>Transa  | 3   |   | )<br>I   | 6. 7. Nature Ownership Form: Beneficial |   |   |  |
|  |   |                                      | (Month/D                                |   | ay/Year)  |   | Code V  | Amount (A) or (D)                                |   | (Instr.   | . 3 and 4)  |  | (                                       | Or Indirect (Ir<br>I)<br>Instr. 4)  | wnership<br>nstr. 4)  |  |
| Reminder:  |   |                                      |   |   |   |   |   | Person<br>in this                                |   |   |   |  |   |   |   | 74 (9-02)  |
| Reminder.  |   |                                      | Table I                                 |   |   |   |   | in this a curre                                  | form are<br>ently val   | re not req<br>lid OMB o<br>or Benefic   | uired to re<br>control nui                        | espond ui<br>mber.                               |   | orm display   |   | 74 (9-02)  |
| 1. Title of Derivative Security (Instr. 3)                         |   |                                      | 3A. Deemed<br>Execution Date, if        | 4.<br>Transac<br>Code   | etion of S  | <b>calls, wa</b><br>5. Numbe  | er<br>ative<br>s<br>(A)   | in this a curre cquired, Dispose ts, options, co | form are<br>ently vali-<br>osed of, onvertible<br>isable and<br>ate         | re not req<br>lid OMB o<br>or Benefic<br>le securitie   | uired to re<br>control nui                        | espond unmber.  d d Amount                       | 8. Price of                             |   | f 10.<br>Ownership<br>Form of<br>Derivative<br>Security:<br>Direct (D)<br>or Indirect | 11. Natur<br>of Indirec<br>Beneficia<br>Ownershi<br>(Instr. 4) |
| 1. Title of<br>Derivative<br>Security                              | Conversion<br>or Exercise<br>Price of<br>Derivative | Date                                 | 3A. Deemed<br>Execution Date, if<br>any | 4.<br>Transac<br>Code   | etion of S  | calls, wa<br>5. Numbo<br>of Deriva<br>Securities<br>Acquired<br>or Dispos<br>of (D)<br>(Instr. 3,<br>and 5) | er<br>ative<br>s<br>l (A)<br>sed<br>4,                            | in this a curre equired, Disputs, options, co    | form are<br>ently vali<br>osed of, convertible<br>isable and<br>te<br>Year) | re not require not require on the securities of | cially Owners  7. Title and of Underly Securities | espond unmber.  d d Amount                       | 8. Price of Derivative Security         | 9. Number o<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported | f 10.<br>Ownership<br>Form of<br>Derivative<br>Security:<br>Direct (D)<br>or Indirect | 11. Natur<br>of Indirec<br>Beneficia<br>Ownersh<br>(Instr. 4)  |

#### **Reporting Owners**

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

### **Signatures**

| /s/ Gary Augusta                | 09/14/2016 |
|---------------------------------|------------|
| **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) The option was approved by the Issuer's Compensation Committee on February 15, 2016, subject to shareholder approval of the plan under which the option was granted. The Issuer's shareholders approved the plan on September 14, 2016.
- (2) The option vested as to two-thirds of the shares on February 15, 2016 and the balance vests at the rate of one-twelfth per month commencing March 15, 2016.

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.  |
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