## FORM 4

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

	OIVIB APPROVAL							
OMB	Number:	3235-028						
Estim	ated average	e burden						
hours	ner resnons	e 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

(Print or Typ	e Responses	)															
1. Name and Address of Reporting Person * Fawcett Mark			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							
(Last) (First) (Middle) 55 RIDGE ROAD			3. Date of Earliest Transaction (Month/Day/Year) 09/14/2016							)	c	Officer (give title below) Other (specify below)					
(Street) CONCORD, MA 01742			4. If Amendment, Date Original Filed(Month/Day/Year)							ear)	_X_ For	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person					
(City) (State) (Zip)					Table I - Non-Derivative Securities Acqu							Acquired, D	ired, Disposed of, or Beneficially Owned				
(Instr. 3) Date		2. Transaction Date (Month/Day/Yea	Execution Date, if cod any (Month/Day/Year)		ransacti e r. 8)	(A) (In	Securities Acquire A) or Disposed of (Instr. 3, 4 and 5)  (A) or mount (D) Property (D)		D) Owned Transa	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership orm:	Beneficial Ownership			
	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.  Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																
	1	ı		\ O / I	<u> </u>						e securitie	-		ı	ı		1
Derivative Security	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	Execution Date, if	Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		d	7. Title and of Underlyi Securities (Instr. 3 and	ng	8. Price of Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect	(Instr. 4)	
				Code	V	(A)	(D)	Date Exerci	sable	Exp	iration e	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Common Stock	\$ 5	09/14/2016		A		20,000		10/16	5/2016 <sup>(1</sup>	1) 09/	14/2026	Common Stock	20,000	\$ 0	20,000	D	

### **Reporting Owners**

D 41 0 W 4		Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Fawcett Mark 55 RIDGE ROAD CONCORD, MA 01742	X						

#### **Signatures**

/s/ Mark Fawcett	03/01/2017			
**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 vests at the rate of one-twelfth of the shares per month commencing October 14, 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.