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

OMB APPR	OVAL
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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

(11iiit Oi 1 y	pe Response															
Name and Address of Reporting Person * Vazquez Adrian				2. Issuer Name and Ticker or Trading Symbol Apollo Medical Holdings, Inc. [AMEH]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) DirectorX10% Owner					
	(Last) (First) (Middle) 700 N. BRAND BLVD., SUITE 1400			3. Date of Earliest Transaction (Month/Day/Year) 09/14/2016						_X_	X_ Officer (give title below) Other (specify below) Chief Medical Officer					
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year) 09/16/2016						_X_ F	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
GLENDALE, CA 91203			FG													
(Cit	(City) (State) (Zip)				Table I - Non-Derivative Securities Acq				Acquired,	uired, Disposed of, or Beneficially Owned						
1.Title of S (Instr. 3)	(Instr. 3) Date		2. Transaction Date (Month/Day/Ye	Exec ear) any			Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(D) Owner Trans	Owned Followin Transaction(s)			Ownership of Form:	. Nature of Indirect Beneficial
				(Month/Day/Year) Code V Amount (D) Price (Instr. 3 and 4)			Direct (D) Cor Indirect (I) (Instr. 4)	Ownership Instr. 4)								
Reminder:	report on a							in this		e not rec		espond ur		orm display		474 (9-02)
Reminder:	Tesport on a		Table l					in this a curr cquired, Dis	form are ently vali	e not recid OMB	uired to re control nu	espond ur mber.				474 (9 - 02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	puts, c. 5. ction 5. St. St. A On on one of the st. St. St. A On one of the st. S	c <mark>alls, wa</mark> 5. Numbe	er ative s (A) sed	in this a curred, Discrete, options, of the Expiration I (Month/Day	form are ently valid cosed of, of onvertible cisable and eate	e not rec id OMB o or Benefic e securiti	uired to re control nu	espond ur mber. d d Amount ring	8. Price of		's	11. Natur p of Indire Beneficie Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transac Code	puts, control of Science of City (I	is. Number of Deriva Securities Acquired or Disposor of (D) Instr. 3, and 5)	er ative s (A) sed	in this a curred, Discrete, options, of the Expiration I (Month/Day	form are ently validated on the convertible cisable and atte (Year)	e not rec id OMB o or Benefic e securiti	cially Owners) 7. Title and of Underly Securities	espond ur mber. d d Amount ring	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	f 10. Ownershi Form of Derivativ Security: Direct (D) or Indirec	11. Natu p of Indire Benefici Ownersh (Instr. 4)

P (0 N /	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Vazquez Adrian 700 N. BRAND BLVD. SUITE 1400 GLENDALE, CA 91203		X	Chief Medical Officer		

Signatures

/s/ Adrian Vazquez	04/10/2017
**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 purpose of this amendment is to correct the expiration date of the option.

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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