# FORM 4

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

OMB APPROVAL
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hours per response... 0.5

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

Responses	)															
Name and Address of Reporting Person * Ang Hing				2. Issuer Name and Ticker or Trading Symbol Apollo Medical Holdings, Inc. [AMEH]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) (First) (Middle) 1668 S. GARFIELD AVE., 2ND FL				3. Date of Earliest Transaction (Month/Day/Year) 03/21/2018							X Office				low)	
(Street) ALHAMBRA, CA 91801			4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line)  _X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
, -	(State)	(Zip)			Tab	ble I -	Non-	-Deri	ivative S	Securities	Acqui	red, Disp	osed of, or l	Beneficially (	Owned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	any	e, if	if Code (Instr. 8		tion			of (D)	Beneficia Reported	ally Owned Following I Transaction(s)		Ownership of Form:	Beneficial	
				ear)		de	V	Amoun	(A) or (D)	Price	(Instr. 3 a	d 4)		or Indirect (I)	Ownership (Instr. 4)	
Stock		03/21/2018				Α	1)		37,593	3 A	\$ 0	37,593			D	
							t uire	he fo	orm dis	splays a o	currer eficiall	ntly valid	OMB conf			
Conversion r Exercise rice of Perivative ecurity	Date	3A. Deemed Execution Date Year) any	te, if 4. Transaction Code		S A (A	5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Ti Amo Undo Secu (Inst: 4)	Title and Amount of Underlying Securities Instr. 3 and	Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported	Ownersh Form of Derivativ Security: Direct (D or Indirec	Beneficial Ownership (Instr. 4)	
								1 loto		Expiration	1	Number				
A Sin Financial Control of the Contr	Address of ARFIELE RA, CA surity tock port on a subspective of erivative	Address of Reporting Per  (First)  (RFIELD AVE., 2N  (Street)  RA, CA 91801  (State)  urity  3. Transaction Date (Month/Day/) ice of erivative	Address of Reporting Person*  (First) (Middle)  RRFIELD AVE., 2ND FL  (Street)  RA, CA 91801  (State) (Zip)  Date (Month/Day/Year)  Table II -  Onversion Exercise ice of erivative  (Middle)  (Zip)  2. Transaction Date (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  Address of Reporting Person*  (Middle)  (Zip)  3. Transaction Date Execution Date Execution Date (Month/Day/Year)  (Month/Day/Year)	Address of Reporting Person*  2. Is Apol  (First) (Middle) 3. Dat  (Street) 4. If A  RA, CA 91801  (State) (Zip)  urity 2. Transaction Date  (Month/Day/Year) (Month/Day/Year)  port on a separate line for each class of securities be  Table II - Derivat  (e.g., pt  (Month/Day/Year) (Month/Day/Year)  Table II - Derivat  (e.g., pt  (Month/Day/Year) (Month/Day/Year)	Address of Reporting Person*  2. Issuer Nar. Apollo Med. Apollo Med. Apollo Med. RAFIELD AVE., 2ND FL  (Street)  3. Date of Earl 03/21/2018  4. If Amendmed Execution Date (Month/Day/Year)  2. Transaction Date (Month/Day/Year)  (Month/Day/Year)  Table II - Derivative Sectice of erivative of Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  3. Transaction Date (Leg., puts, calls any (Month/Day/Year)  (Month/Day/Year)  3. Transaction Date (Leg., puts, calls any (Month/Day/Year)  (Month/Day/Year)	Address of Reporting Person*  Address of Reporting Person*  Apollo Medical Apollo Medical 3. Date of Earliest 03/21/2018  (Street)  (Street)  (Street)  A, CA 91801  (State)  (Zip)  Tall  (Month/Day/Year)  Arity  2. Transaction Date (Month/Day/Year)  (Month/Day/Year)  Table II - Derivative Securities beneficially own on a separate line for each class of securities beneficially own on a separate line for each class of securities beneficially own on a separate line for each class of securities beneficially own on a separate line for each class of securities beneficially own on a separate line for each class of securities beneficially own on a separate line for each class of securities beneficially own on a separate line for each class of securities beneficially own on a separate line for each class of securities beneficially own on a separate line for each class of securities beneficially own on a separate line for each class of securities beneficially own on a separate line for each class of securities beneficially own on a separate line for each class of securities beneficially own on a separate line for each class of securities beneficially own on a separate line for each class of securities beneficially own on a separate line for each class of securities beneficially own on a separate line for each class of securities beneficially own on a separate line for each class of securities beneficially own on a separate line for each class of securities beneficially own on the security of the securit	Address of Reporting Person*  2. Issuer Name and Tic Apollo Medical Hole Apollo Medica	Address of Reporting Person*  2. Issuer Name and Ticker of Apollo Medical Holding  (First) (Middle)  (RFIELD AVE., 2ND FL  (Street)  3. Date of Earliest Transaction 03/21/2018  4. If Amendment, Date Origin  (State)  (Zip)  Table I - Non-  (Code (Instr. 8)  (Month/Day/Year)  Table II - Derivative Securities Acquired (e.g., puts, calls, warrants, opt  (Month/Day/Year)  Table II - Derivative Securities Acquired (e.g., puts, calls, warrants, opt  (Month/Day/Year)  (Month/Day/Year)  Address of Reporting Person*  (Street)  A If Amendment, Date Origin  A. Deemed Execution Date, if any (Month/Day/Year)  (Code (Instr. 8)  Table II - Derivative Securities Acquired (e.g., puts, calls, warrants, opt  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  A Transaction Origin  Table II - Non-  (A) Or Disposed of (D) (Instr. 3, 3)	Address of Reporting Person Address of Reporting Person Apollo Medical Holdings, Ir Ap	Address of Reporting Person 2. Issuer Name and Ticker or Trading Syde Apollo Medical Holdings, Inc. [AM 3. Date of Earliest Transaction (Month/Day 03/21/2018  4. If Amendment, Date Original Filed(Month Apollo Month/Day 1. If Amendment, Date Original Filed(Month Apollo Month/Day/Year)  2. Transaction Date (Instr. 3)  Apollo Medical Holdings, Inc. [AM 3. Date of Earliest Transaction (Month/Day 1. If Amendment, Date Original Filed(Month Apollo Month/Day 1. If Amendment, Date Original Filed(Month Apollo Month/Day/Year)  2. Transaction Date (Instr. 3)  Apollo Medical Holdings, Inc. [AM 3. Date of Earliest Transaction (Month/Day 1. If Amendment, Date Original Filed(Month Apollo Month/Day/Year)  2. Transaction Date (A) or Instr. 3. Instruction Date (A) or Disposed Of (B) (Instr. 3)  Apollo Medical Holdings, Inc. [AM 3. Date of Earliest Transaction (Month/Day/Year)  3. Transaction Date (A) or Disposed Of (D) (Instr. 3)  4. Securities Acquired (A) or Disposed Of (D) (Instr. 3)  4. Securities Acquired (A) or Disposed Of (D) (Instr. 3)  4. Securities Acquired (A) or Disposed Of (D) (Instr. 3)	Address of Reporting Person*  2. Issuer Name and Ticker or Trading Symbol Apollo Medical Holdings, Inc. [AMEH]  3. Date of Earliest Transaction (Month/Day/Year)  (Street)  4. If Amendment, Date Original Filed(Month/Day/Year)  (State)  (Zip)  Table I - Non-Derivative Securities  2. Transaction Date (Instr. 3, 4 and 5)  (Month/Day/Year)  (Month/Day/Year)  Derort on a separate line for each class of securities beneficially owned directly or indirectly.  Table II - Derivative Securities Acquired, Oseposto ontained in this for the form displays a  Table II - Derivative Securities Acquired, Disposed of, or Ben (e.g., puts, calls, warrants, options, convertible security)  (Month/Day/Year)  3. Transaction Date (a.g., puts, calls, warrants, options, convertible security of Date (Month/Day/Year)  (Month/Day/Year)  3. Transaction Date (a.g., puts, calls, warrants, options, convertible security of Derivative Securities Acquired (A) or Disposed of Option (Month/Day/Year)  (Month/Day/Year)  3. Transaction Date (a.g., puts, calls, warrants, options, convertible security of Derivative Securities Acquired (A) or Disposed of Option (Month/Day/Year)  (Month/Day/Year)	Address of Reporting Person*    Code   V	Address of Reporting Person - Apollo Medical Holdings, Inc. [AMEH]  (First) (Middle) (Street) (Street) (Street) (State) (Zip) (State) (Zip) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (State) (Zip) (Month/Day/Year) (Mont	Address of Reporting Person - Apollo Medical Holdings, Inc. [AMEH]  STEP   Apollo Medical Holdings, Inc. [Amehol Mounth Day/Year)  STEP	Address of Reporting Person Apollo Medical Holdings, Inc. [AMEH]  (First) (Middle) (RFIELD AVE., 2ND FL 03/21/2018  4. If Amendment, Date Original Filed(Month/Day/Year) (State)  (State)  2. Transaction Date (Month/Day/Year) (Month/Day/Year)  2. Transaction Date (Month/Day/Year) (Month/Day/Year)  (Mo	Agadress of Reporting Person - Apollo Medical Holdings, Inc. [AMEH]  (Final) (Middle) (Middle

#### **Reporting Owners**

P (1 0 V /	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Ang Hing 1668 S. GARFIELD AVE. 2ND FL ALHAMBRA, CA 91801			Chief Operating Officer				

### **Signatures**

/s/ HING ANG	03/22/2018
**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) All of the securities reported herein were granted fully vested pursuant to a restricted stock grant agreement in accordance with the Issuer's 2015 Equity Incentive Plan, as amended.

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.