FORM 4

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

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

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 Type Responses) 1. Name and Address of Reporting Person * Kitayama Mitchell W | | | 2. Issuer Name and Ticker or Trading Symbol Apollo Medical Holdings, Inc. [AMEH] | | | | X1 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
|--|---|--------------------------------------|---|--|---|--|--|---|--|------------------|---------------------------------|---|--|---------------------------------------|
| 2120 MC | | (First) IDE AVENUE | | 3. Date of Earliest Transaction (Month/Day/Year) 01/11/2019 | | | (| Officer (give | title below) | Other | (specify below) | | | |
| (Street) | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | _X_ Fo: | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | D, CA 917 | | | | | | | | | in incu by iv | iore than one ic | eporting reison | | |
| (Cit | y) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | Execu any | A. Deemed xecution Date, if | Code (Inst | e (A | Securities Acqui a) or Disposed of anstr. 3, 4 and 5) | (D) Owned | | | 0 | wnership of | Nature Indirect eneficial | |
| | | | | (Mont | h/Day/Year | | ode V A | (A) or (D) | (Instr. | (Instr. 3 and 4) | | (I | irect (D) Or Indirect (Indirect (D) (Indirec | |
| Reminder: | Report on a s | separate line for each | class of securities b | eneficial | lly owned di | rectly | Persons in this f | s who respond orm are not red ntly valid OMB | quired to re | spond u | | | | 74 (9-02 |
| Reminder: | Report on a s | separate line for each | class of securities b | eneficial | lly owned di | rectly | Persons | | | | | | | 74 (9-02) |
| 1. Title of | 1 | 3. Transaction Date (Month/Day/Year) | Table II 3A. Deemed Execution Date, if | - Deriva (e.g., p 4. Transac Code | stive Securi uts, calls, w 5. Num tion of Deriva | ties Acarran | Persons in this f a currer | orm are not recently valid OMB sed of, or Benefit exertible securit able and | quired to re control nur icially Owner | Amount | 8. Price of Derivative Security | | | 11. Nat of India |
| 1. Title of Derivative Security | 2. Conversion or Exercise Price of Derivative | 3. Transaction Date (Month/Day/Year) | Table II 3A. Deemed Execution Date, if any | - Deriva (e.g., p 4. Transac Code | tive Securi uts, calls, w 5. Num of Deriva) Securit Acquir | ties Acarran | Persons in this f a currer cquired, Dispots, options, conf. Date Exercis Expiration Date | orm are not recently valid OMB sed of, or Benefit exertible securit able and | cially Owner ies) 7. Title and of Underlyi Securities | Amount | 8. Price of Derivative Security | 9. Number of Derivative Securities Beneficially Owned | 10. Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Na of Indi Benefic Owner |
| 1. Title of Derivative Security | 2. Conversion or Exercise Price of Derivative | 3. Transaction Date (Month/Day/Year) | Table II 3A. Deemed Execution Date, if any | - Deriva (e.g., p 4. Transac Code | tion of Deriva Securit Acquir (A) or Dispos of (D) (Instr. | tites Adarran arran ber tive ies ed ed | Persons in this f a currer cquired, Dispots, options, conf. Date Exercis Expiration Date | orm are not recently valid OMB sed of, or Benefit exertible securit able and | cially Owner ies) 7. Title and of Underlyi Securities | Amount | 8. Price of Derivative Security | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s | 10. Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Na of Indi Benefic Owner |

Reporting Owners

| | Relationships | | | | | |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Kitayama Mitchell W 2120 MORNINGSIDE AVENUE UPLAND, CA 91784 | X | | | | | |

Signatures

| /s/ MITCHELL W. KITAYAMA | 01/15/2019 |
|---------------------------------|------------|
| **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 Issuer granted these options to Mr. Kitayama in consideration for his service as a director. They vest in 4 installments over one year quarterly on March 31, June 30, September 30 and December 31.

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.