FORM 4

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

ONB APPRO	JVAL
OMB Number:	3235-0287
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hours per response	0.5

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 Ty	P +													
1. Name ar Yu Li	Name and Address of Reporting Person* Yu Li			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) S. FIGUEROA ST., 29TH FL.			3. Date of Earliest Transaction (Month/Day/Year) 01/11/2019						Officer (give title below) Other (specify below)				
LOG AN	OFFER O			4. If An	. If Amendment, Date Original Filed(Month/Day/Year)				_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person				
(Cit	GELES, C	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Ow			icially Owned	Owned						
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year	Execu	eemed tion Date, if	3. T	ransaction 4.	Securities Acqual or Disposed of the str. 3, 4 and 5)	ired 5. A	ed 5. Amount of Se		eficially 6	wnership of	Nature Indirect
				(Mont	h/Day/Year)		Code V A	(A) or (D)	(Inst	(Instr. 3 and 4) Dir or I (I)		Direct (D) Ownership (Instr. 4) I) Instr. 4)		
Reminder:	Report on a s	separate line for each	class of securities b	enencia	lly owned di	rectiy	Persons in this f	who respond orm are not re ortly valid OMB	quired to	respond u				74 (9-02)
Reminder:	Report on a s	separate line for each	class of securities b	enencia	ily owned di	rectry			1 40 400 00	llastian af	information		CEC 14	74 (0, 02)
1. Title of	2. Conversion or Exercise Price of	3. Transaction Date (Month/Day/Year)	Table II 3A. Deemed Execution Date, if	- Deriva (e.g., p 4. Transac Code	ative Securit uts, calls, w 5. Num of Derivat) Securiti	ties A arran	Persons in this f a currer cquired, Dispo	orm are not rently valid OMB sed of, or Benefavertible securinable and	quired to control n icially Owr	respond u umber. ned nd Amount lying	8. Price of	9. Number of Derivative Securities Beneficially	10. Ownership Form of Derivative	11. Na of Indi Benefi
Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	Table II and a state of the sta	- Deriva (e.g., p 4. Transac Code	stive Securit uts, calls, w 5. Num of Derivat	ties A arran iber iive ies ed	Persons in this f a currer cquired, Disponts, options, conf. Date Exercis Expiration Date	orm are not rently valid OMB sed of, or Benefavertible securinable and	quired to control n icially Ownties) 7. Title ar of Underl Securities	respond u umber. ned nd Amount lying	8. Price of Derivative Security	9. Number of Derivative Securities	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Na of Indi Benefic Owner (Instr.
Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)	Table II and a state of the sta	- Deriva (e.g., p 4. Transac Code	tion of Derivat Acquire (A) or Dispose of (D) (Instr. 3	tites A arran ber live lies ed led led led led led led led led led	Persons in this f a currer cquired, Disponts, options, conf. Date Exercis Expiration Date	orm are not rently valid OMB sed of, or Benefavertible securinable and	quired to control n icially Ownties) 7. Title ar of Underl Securities	respond u umber. ned nd Amount lying	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 Benefi Owner (Instr.

Reporting Owners

D (O N /	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Yu Li 601 S. FIGUEROA ST. 29TH FL. LOS ANGELES, CA 90017	X				

Signatures

/s/ LI YU	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. Yu 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.