

INITIAL STATEMENT OF 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 * Marsh Linda (Last) (First) (Middle) 100 N. STONEMAN, ROOM 200 (Street) ALHAMBRA, CA 91801 (City) (State) (Zip) | 2. Date of Event Requiring Statement (Month/Day/Year) 01/11/2019 | 3. Issuer Name and Ticker or Trading Symbol Apollo Medical Holdings, Inc. [AMEH] | | |
| | | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) | 5. If Amendment, Date Original Filed (Month/Day/Year) | |
| | | | 6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person | |

Table I - Non-Derivative Securities Beneficially Owned

| | | | |
|---|--|---|---|
| 1. Title of Security (Instr. 4) Common Stock | 2. Amount of Securities Beneficially Owned (Instr. 4) 520,081 (1) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) I | 4. Nature of Indirect Beneficial Ownership (Instr. 5) Held by Alliance Apex, LLC (2) |
|---|--|---|---|

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|--|--|-----------------|---|----------------------------|--|---|---|
| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | |
| Options | 04/05/2017 (3) | 04/05/2020 | Common Stock | 62,500 (4) | \$ 10 | D | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|--|---------------|-----------|---------|-------|
| | Director | 10% Owner | Officer | Other |
| Marsh Linda 100 N. STONEMAN ROOM 200 ALHAMBRA, CA 91801 | X | | | |

Signatures

| | |
|---------------------------------|------------|
| /s/ LINDA MARSH | 01/18/2019 |
| **Signature of Reporting Person | Date |

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) Represents shares held by Alliance Apex, LLC prior to January 11, 2019 when Reporting Person became a director of the Issuer.
These shares are owned directly by Alliance Apex, LLC, of which Reporting Person is the sole manager and sole member. Reporting Person disclaims beneficial ownership
- (2) of these shares except to the extent of her pecuniary interest therein, and the filing of this report is not an admission that Reporting Person is the beneficial owner of these shares for purposes of Section 16 or for any other purpose.
- (3) These options vest monthly at a rate of 1,736 shares per month over the first 35 months, and 1,740 shares in the 36th month.
- (4) Represents options held by Reporting Person prior to January 11, 2019 when Reporting Person became a director of the Issuer.

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.