FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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

| Name an | | s) | | | | | | | | | | | | |
|---|----------------------|--------------------------------------|---|---|------------------|---|----------------------------|---------------------------------|---|--|----------------------------|-----------------|------------|-------------------------|
| 1. Name and Address of Reporting Person * Chin Eric | | | | 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 FLOOR | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/30/2019 | | | | [| X Office | er (give title bel Chie | ow) of Financial (| Other (specify be) Officer | elow) | | |
| (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 PersonForm filed by More than One Reporting Person | | | | | |
| | (City) (State) (Zip) | | | Table I - Non-Derivative Securities Acqu | | | | | Acqui | lired, Disposed of, or Beneficially Owned | | | | |
| (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | Code (Instr. 8) | (A | 4. Securities Acquir (A) or Disposed of ((Instr. 3, 4 and 5) | | f(D) | Beneficial Reported | ally Owned Following Transaction(s) | | Ownership Form: | Beneficial | |
| | | | | (Month/Day/Year) | Code | V Aı | nount | (A) or (D) | Price | (Instr. 3 a | nd 4) | | | Ownership (Instr. 4) |
| Common | Stock | | 01/30/2019 | | A ⁽¹⁾ | 1, | 599 | A | \$ 0 | 1,599 | | | D | |
| Reminder: | Report on a s | separate line for | each class of secur | ities beneficially ov | | Person: contain | s who ed in t | respon this for | n are | not requ | | spond unle | ss | 1474 (9-02) |
| Reminder: | Report on a s | separate line for | Table II - I | ities beneficially ov Derivative Securiti e.g., puts, calls, wa | ies Acquire | Persons contain the forn | s who ed in t n disp | respon this form lays a c | m are currer | not requ tly valid | ired to res | | ss | 1474 (9-02) |

Reporting Owners

| D (C N) | Relationships | | | | | | |
|---|---------------|--------------|-------------------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Chin Eric 1668 S. GARFIELD AVE. 2ND FLOOR ALHAMBRA, CA 91801 | | | Chief Financial Officer | | | | |

Signatures

| /s/ ERIC CHIN | 01/30/2019 |
|---------------------------------|------------|
| **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) 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.