## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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

(Print or Ty	pe Response	3)		_											
Name and Address of Reporting Person * Augusta Gary					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				
700 N. GRAND BLVD., SUITE 1400					3. Date of Earliest Transaction (Month/Day/Year) 08/17/2018						Office	er (give title belo	ow)	Other (specify b	elow)
(Street)				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person					
GLENDALE, CA 91203 (City) (State) (Zip)					Table I - Non-Derivative Securities Acqu						ired, Disposed of, or Beneficially Owned				
(Instr. 3)		2. Transaction Date (Month/Day/Year)	Execu	2A. Deemed Execution Date, if		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form:	Beneficial		
			(Mont			V	Amour	(A) or (D)	Price	(Instr. 3	and 4)		` /	Ownership (Instr. 4)	
Common	Stock		08/17/2018			A		12,94	$8 D \begin{vmatrix} \$ \\ 1 \end{vmatrix}$	8.707	152,99	7		D	
			Table II -		ative Securi		the	ntained e form d Disposed	in this for isplays a	rm are curre eficial	not requesting ntly valid	OMB conf	spond unle trol numbe	ss	1474 (9-02)
4 500			Ia. 5 .		uts, calls, w									2 4 2	14.37
1. Title of Derivative Security (Instr. 3)  1. Title of 2. Conversion or Exercial Price of Derivative Security		3. Transactio Date (Month/Day/	Execution D	ate, if	Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	r an (N	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amo Und Secu	nount of derlying curities str. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownershi Form of Derivative Security: Direct (D) or Indirect	Ownershi (Instr. 4)
					Code V	(A) (		ate xercisable	Expiratio Date	n Title	Amount or Number of Shares				

#### **Reporting Owners**

D ( O N (	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Augusta Gary 700 N. GRAND BLVD. SUITE 1400 GLENDALE, CA 91203	X						

#### **Signatures**

Gary Augusta	08/22/2018
**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).

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.