FORM 4

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

OMB APPROVAL
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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

(Print or Ty	pe Response	s)												
1. Name and Address of Reporting Person * Vazquez Adrian				2. Issuer Name and Ticker or Trading Symbol Apollo Medical Holdings, Inc. [AMEH]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) C/O 1668 S. GARFIELD AVE., 2ND FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 08/27/2018					X Officer (give title below) Other (specify below) Co-Chief Medical Officer					
(Street) ALHAMBRA, CA 91801				4. If Amendment, Date Original Filed(Month/Day/Year)				-	6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by More than One Reporting Person					
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu				Acqui	uired, Disposed of, or Beneficially Owned						
(Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)			Beneficially Owned Following Reported Transaction(s)		Following (s)	Ownership o Form:	Beneficial	
				Code	V	Amoun	(A) or t (D)	Price	(Instr. 3 a	nd 4)		\ /	Ownership (Instr. 4)	
Common	n Stock		08/27/2018		S		25,000	D \$	7.35	945,912			D	
				Derivative Securit	-	the	tained in form dis Pisposed	n this for splays a o	m are currer eficiall	not reqเ ntly valid		spond unle rol numbe		
	2. Conversion	3. Transaction		(e.g., puts, calls, w 4. ate, if Transaction	5.	-	o, conver		1	tle and	8. Price of	9. Number o	of 10.	

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Vazquez Adrian C/O 1668 S. GARFIELD AVE. 2ND FLOOR ALHAMBRA, CA 91801			Co-Chief Medical Officer				

Signatures

/s/ Adrian Vazquez	08/29/2018
**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.