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

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) Director 10% Owner					
(Last) (First) (Middle) C/O 1668 S. GARFIELD AVE., 2ND FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 09/07/2018						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 One Reporting Person Form filed by More than One Reporting Person						
	(State)	(Zip)		Ta	ible I	- Non	-Der	ivative S	Securities	s Acqı	ıired, Disp	osed of, or I	Beneficially	Owned	
(Instr. 3)		2. Transaction Date (Month/Day/Year)	any	tion Date, if	te, if Code (Instr		Code				Reported Transaction(s)		Following	6. Ownership Form:	Beneficial
			(Month/Day/Year)			de	V	Amount	(A) or (D)	Price		nd 4)		or Indirect (I)	Ownership (Instr. 4)
Stock		09/07/2018			S	S		25,688		\$ 15.02	920,224	4		D	
Common Stock 09/10/20		09/10/2018			5	5		7,886	11)	\$ 16.01	912,338	012,338		D	
Report on a s	separate line fo	Table II -	Deriva	tive Securit	ies Ac	quire	Pers cont the f	sons whatained in form dis	o respo n this fo splays a of, or Be	orm ar curre	e not requently valid	uired to res OMB cont	spond unle	ss	1474 (9-02)
l ₂	2 Tuomanatio		• • •			s, opt				- 1		Q Duina of	O Namahan	e 10	11 Notus
	Date	Year) Execution Da	ate, if	Transaction Code (Instr. 8)			and Expiration Date (Month/Day/Year)			An Un Sec	nount of derlying curities str. 3 and	Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported	Owners Form of Derivati Security Direct (i or Indirect)	Beneficia Ownershi (Instr. 4) D) ect
							Date		Expiration Date	on Titl	Amount or Number of				
	and Address of Adrian 8 S. GARF BRA, CA Conversion of Exercise Price of Derivative	Adrian (Street) (Street) (Street) (BRA, CA 91801 (State) (State) Gecurity 1 Stock 1 Stock Report on a separate line for Exercise Price of Derivative	Adrian (First) (Middle) S. GARFIELD AVE., 2ND FLOOR (Street) (Street) (State) (Zip) (Security 2. Transaction Date (Month/Day/Year) A Stock 09/10/2018 Report on a separate line for each class of security Table II - 2. Conversion or Exercise Price of Derivative (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year)	Adrian Apo Adrian Apo Security Conversion or Exercise Price of Derivative Adrian Apo (First) (First) (First) (Middle) (A. Day/96 (Street) A. Day/97 (A. Day/96 (A. Day/96	Adrian 2. Issuer Name a Apollo Medica Apollo Medica Apollo Medica Apollo Medica Apollo Medica Apollo Medica 3. Date of Earliest 09/07/2018 (Street) (Street) 4. If Amendment, EBRA, CA 91801 (State) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 5. Table II - Derivative Securities beneficially of Execution Date, if any (Month/Day/Year) 2. Table II - Derivative Securities beneficially of Execution Date, if (Month/Day/Year) 3. Date of Earliest 09/07/2018 2. Transaction Date (Month/Day/Year) Table II - Derivative Securities beneficially of Execution Date, if Transaction Code (Instr. 8)	Address of Reporting Person* Adrian 2. Issuer Name and Tic Apollo Medical Hole Med	Address of Reporting Person 2. Issuer Name and Ticker of Apollo Medical Holding (First) (Middle) (Midd	Adrian 2. Issuer Name and Ticker or Tr. Apollo Medical Holdings, Is (Middle) 8 S. GARFIELD AVE., 2ND FLOOR (Street) (A. If Amendment, Date Original F. Security (Month/Day/Year) (Code (Instr. 8) (Code (Ins	Adrian 2. Issuer Name and Ticker or Trading Sy Apollo Medical Holdings, Inc. [AN Apollo Medical Holdings, Inc. [Apollo Medical Holdings, Inc	Addrian 2. Issuer Name and Ticker or Trading Symbol Apollo Medical Holdings, Inc. [AMEH] 3. Date of Earliest Transaction (Month/Day/Year) (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) (BRA, CA 91801 2. Transaction Date (Month/Day/Year) (State) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Instr. 8) (A) or Or Or Exercise Price of Derivative Securities 2. Transaction Date (Instr. 8) 2. Transaction Date (A) or Disposed (Instr. 3, 4, and 5) (A) Or Or Or Disposed of Or Derivative Securities Acquired (Month/Day/Year) 3. Transaction Date, if (A) Or Disposed (Instr. 8) (A) Or Or Or Exercise Price of Derivative Securities 2. Stock (Month/Day/Year) 3. Transaction Date, if (A) Or Disposed of Or Disposed Or Dis	Addrian 2. Issuer Name and Ticker or Trading Symbol Apollo Medical Holdings, Inc. [AMEH] 3. Date of Earliest Transaction (Month/Day/Year) (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) (A) or Disposed of (D) (Instr. 8) (Instr. 8) (A) or Disposed of (D) (Instr. 8) (A) or Or Price of (A) or Disposed of (D) (Instr. 8) (A) Or Or Price of (A) or Disposed of (D) (Instr. 8) (A) Or Or Exercise (A) or Disposed of (D) (Instr. 8) (A) Or Or Exercise (A) or Disposed of (D) (Instr. 8) (A) Or Or Exercise (A) Or Disposed of (D) (Instr. 8) (A) Or Disposed of (D) (Instr. 3, 4, and 5) (A) Or Disposed of (D) (Instr. 3, 4, and 5) (A) Or Disposed of (D) (Instr. 3, 4, and 5) (A) Or Disposed of (D) (Instr. 3, 4, and 5)	Adrian Address of Reporting Person* Adrian Apollo Medical Holdings, Inc. [AMEH] Barry (Street) (Street) Apollo Medical Holdings, Inc. [AMEH] Apollo Medical Holdings, Inc. [AMEH] (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) (State) Capp Table 1 - Non-Derivative Securities Acquired, Disposed of (Instr. 3, 4 and 5) Apollo Medical Holdings, Inc. [AMEH] Apollo Medical Holdings, Inc. [AMEH] Apollo Medical Holdings, Inc. [AMEH] S. Relation Direct X Office (Apollo Medical Holdings, Inc. [AMEH] Apollo Medical Holdings, Inc. [AMEH] S. Garriest Transaction (Month/Day/Year) 4. If Amendment, Date Original Filed(Month/Day/Year) Apollo Medical Holdings, Inc. [AMEH] Apollo Medical Holdings, Inc. [AMEH] 5. Relation Apollo Medical Holdings, Inc. [AMCH] 5. Relation Apollo Medical Holding	Address of Reporting Person* Addrian 2. Issuer Name and Ticker or Trading Symbol Apollo Medical Holdings, Inc. [AMEH] S. GARFIELD AVE., 2ND FLOOR (Street) (Month/Day/Year) (Month/Da	Address of Reporting Person Adrian 2. Issuer Name and Ticker or Trading Symbol Apollo Medical Holdings, Inc. [AMEH] 3. Date of Earliest Transaction (Month/Day/Year) 8. GARFIELD AVE., 2ND FLOOR 09/07/2018 4. If Amendment, Date Original Filed(Month/Day/Year) 9. (State) 2. Transaction Date (Month/Day/Year) 1. Security 2. Transaction Date (Month/Day/Year) 1. Stock 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 4. Security 3. Transaction Date (Month/Day/Year) 4. Security 3. Transaction Date (Month/Day/Year) 4. Security 4. Security 4. Security 4. Securities Acquired (A) or Disposed of, or Beneficially Owned Following (Instr. 3, 4 and 5) 4. Stock 4. Securities Date (Month/Day/Year) 4. Securities Deneficially owned directly or indirectly. 2. Table II - Derivative Securities Acquired (A) or Disposed of, or Beneficially Owned Following (Instr. 3 and 4) 2. Table II - Derivative Securities Acquired (A) or Disposed of, or Beneficially Owned (Instr. 3) 4. Stock 4. Securities Date (Month/Day/Year) 5. Relationship of Reporting Person (Check all applied (Check a	Addraes of Reporting Person Adrian Ad

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	09/11/2018
**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.