FORM	4
------	---

Г

(D.,

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

р

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

### 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 Type Responses)										
1. Name and Address of Reporting Vazquez Adrian	2. Issuer Name Apollo Medic			0,			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
C/O 1668 S. GARFIELD A	3. Date of Earlies 11/19/2018	st Transacti	ion (I	Month/Da	y/Year	)	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) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)	Date I (Month/Day/Year) a	· · · · · · · · · · · · · · · · · · ·		v	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		(D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
Common Stock	11/19/2018		S		77,868	D	\$ 18.5598	834,470	D	
Common Stock	11/20/2018		S		68,729		\$ 17.5535	765,741	D	
Common Stock	11/21/2018		S		75,000	D	\$ 16.508	690,741	D	

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

SEC 1474 (9-02)

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 Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5			6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	n N	lumbe	er	and Expirati	on Date	Amou	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	0	f		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	D	Deriva	tive			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				S	ecurit	ties			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				A	cquir	red			4)			0	Direct (D)	
					· · ·	A) or							T T	or Indirect	
						Dispos							Transaction(s)		
					of (D)								(Instr. 4)	(Instr. 4)	
					(Instr. 3,										
					4, and 5)		5)								
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
								LACICISADIC	Date		of				
				Code V	/ (	A)	(D)				Shares				

### **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

# **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.