FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
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nours per response						

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																
1. Name and Address of Reporting Person* Hosseinion Warren					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				
(Last) (First) (Middle) C/O 1668 S. GARFIELD AVE., 2ND FLOOR				_	3. Date of Earliest Transaction (Month/Day/Year) 11/19/2018							X Officer (give title below) Other (specify below) Co-Chief Executive Officer					
(Street) ALHAMBRA, CA 91801				4. If	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)			Ta	ıble I -	- Non	ı-Der	ivative S	Securities	Acqui	red, Disp	osed of, or l	Beneficially (Owned	
(Instr. 3) Date		2. Transaction Date (Month/Day/Year	Exec r) any		ution Date, if	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Following (s)	Ownership of Form:	7. Nature of Indirect Beneficial	
				(Mor	nth/Day/Y	(ear)	Co	de	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	Stock		11/19/2018				S	,		20,000	D 5	\$ 18.97	679,438	3		D	
Common	Common Stock 11/20/2018			S		}		20,000		\$ 17.58	659,438			D			
	Topon on a	opulute into its	or each class of sec	- Deriv	vative Sec	curiti	ies Acc	quire	Pers cont the f	sons whatained in	no respon n this for splays a of, or Ben	rm are curren	not requ		ormation spond unles rol number	s	1474 (9-02)
1 77'41 . C	2	2 75 4	24 D					s, op			tible secu		v1 1	0 D : C	0 N 1	C 10	11 37 /
1. Title of Derivative Security (Instr. 3)		3. Transactio Date (Month/Day/	Execution I	Date, if	Code	tion (of Deriva	(Month/Day/Year) rivative curities quired of or sposed (D) str. 3,		Amo Undo Secu	ttle and bunt of erlying irities r. 3 and		f 9. Number of Portvative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	Ownersh (Instr. 4)		
									Date		Expiration	n Title	Amount or Number				

Reporting Owners

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

Signatures

/s/ Warren Hosseinion	11/21/2018
**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.