FORM 4

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

OMB APPROVAL
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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.	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) 06/03/2019								X Officer (give title below) Other (specify below) Co-Chief Medical 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 Person Form filed by More than One Reporting Person						
(City		(State)	(Zip)			Tab	le I - N	on-D	erivative :	Securi	ities Acc	quire	ed, Dispo	sed of, or I	Beneficially	Owned		
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			Execut any	Deemed ution Date, if	if Co	(Instr. 8)		or Disposed of (D) (Instr. 3, 4 and 5)		(D)	d (A) 5. Amount of Securities Beneficially Owned Follo Reported Transaction(s)		Following	Form:	7. Nature of Indirect Beneficial Ownership			
			(Wolld	Month/Day/Year)		Code	V	Amount	(A) or (D)	Price	ee	(Ilisu. 3	3 and 4)		or Indirect (I) (Instr. 4)	(Instr. 4)		
Common	Stock		06/03/2019				S		46,949	D	\$ 16.63	375	643,79	2		D		
Common Stock		06/04/2019				S		38,051	D	\$ 16.00	063	605,741		D				
Reminder:	Report on a s	separate line	for each class of sec	- Deriva	ative Seci	ıritie	s Acqui	Pe co the	rsons whentained in the form distributed by the second contractions with the second contraction with the	no res n this splays	form as a cur	are r rrent	not requ lly valid		ormation spond unle rol numbe	ss	1474 (9-02)	
1. Title of	2.	3. Transacti	ion 3A. Deeme		outs, calls	, war		1	ns, conver Date Exer				e and	8. Price of	9. Number	of 10.	11. Natur	
	Conversion or Exercise Price of Derivative Security	Date (Month/Day	Execution I any	Date, if	te, if Transaction Code Year) (Instr. 8)		Number a		and Expiration Date Month/Day/Year)		e A U So (I	Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	hip of Indirect Beneficia Ownershi (Instr. 4) D)	
					Code	V	A) (D	Ex	ate ercisable	Expira Date	ation T	itle	Amount or Number of 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

/s/ Adrian Vazquez	06/05/2019
**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.