FORM 4	4
--------	---

#### 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

(rint of Type Responses)											
1. Name and Address of Meyers Mark	2. Issuer Name <b>and</b> 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) 700 NORTH BRAN	(First) ID BLVD., SUI		3. Date of Earliest Transaction (Month/Day/Year) 12/01/2012					XOfficer (give title below)  Other (specify below)    Chief Strategy Officer			
(Street) GLENDALE, CA 91203			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)	T	able I - No	n-De	rivative S	ecuritie	ired, Disposed of, or Beneficially Ow	ned		
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	~	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		f(D)	Owned Following Reported Transaction(s)	Ownership of Indi Form: Benefi	Beneficial
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)

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

Persons who respond to the collection of information contained SEC 1474 (9-02) 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

	( <i>e.g.</i> , puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4. 5. Number		6. Date Exercisable and		7. Title and Amount		8. Price of	9. Number of	10.	11. Nature		
Derivative	Conversion	Date	Execution Date, if	Transaction of Derivative		Expiration Date		of Underlying		Derivative	Derivative	Ownership	of Indirect		
Security	or Exercise	(Month/Day/Year)	any	Code Securities		(Month/Day/Year)		Securities		Security	Securities	Form of	Beneficial		
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Acquired (A)		(Ir		(Instr. 3 and 4)		(Instr. 5)	-	Derivative			
	Derivative			or Disposed					2	(Instr. 4)					
	Security			of (D)							0	Direct (D)			
				(Instr. 3, 4,								or Indirect			
				and 5)		1					Transaction(s)	· · /			
											Amount		(Instr. 4)	(Instr. 4)	
								Date	Expiration		or				
								Exercisable	Expiration Date	Title	Number				
									Dute		of				
				Code	V	(A)	(D)				Shares				
									(1)	Common					
Options	\$ 0.21	12/01/2012		А		50,000		12/01/2012	<u>(1)</u>	Common Stock	50,000	<u>(2)</u>	100,000	D	

### **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Meyers Mark 700 NORTH BRAND BLVD. SUITE 450 GLENDALE, CA 91203	Х		Chief Strategy Officer					

## Signatures

/s/ Mark Meyers	08/07/2013	
**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).

(1) The options do not expire.

(2) These options to purchase common stock of the issuer were issued to the reporting person pursuant to a Consulting and Representation Agreement dated October 8, 2012, pursuant to which the reporting person earns 50,000 options per month with an exercise price of \$0.21 per share.

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.