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

OMB APPR	ROVAL
OMB Number:	3235-0287
Estimated average	burden
houre nor reenonee	0.5

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

(Print or Type R	Responses)															
Name and Address of Reporting Person * Meyers Mark				2. Issuer Name and Ticker or Trading Symbol Apollo Medical Holdings, Inc. [a]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director 10% Owner				
(Last) (First) (Middle) 700 NORTH BRAND BLVD., SUITE 450				3. Date of Earliest Transaction (Month/Day/Year) 01/31/2013						X	X_Officer (give title below) Other (specify below)  Chief Strategy Officer					
(Street) GLENDALE, CA 91203				4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ Fo	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)				Table	I - Non-De	rivativ	e Securities	Acquired, I	tired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea		ate, if	3. Tra Code (Instr.		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(D) Owned Transa	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			ownership of orm:	. Nature f Indirect seneficial
			(		Í	Cod	de V	Amour	(A) or (D)	Price	,		0	r Indirect (I	nstr. 4)	
Reminder: Rep	ort on a sepa	rate line for each cl		· Derivati	ive Se	ecuriti	es Acq	Perso in this a curr quired, Disp	form ently v	are not rec valid OMB	quired to re control nui cially Owne	spond u mber.		on contained form display		174 (9-02)
1. Title of Derivative Security (Instr. 3)	Conversion Date I (Month/Day/Year) a			4. 5. Num Code of Sec Acc (A) Dis (Instr. 8)		5. Num of Deri Secu Acq (A) Disp of (I (Inst	mber Expiratio (Month/E equirities quired ) or sposed		ion Date of Selection Date Selection Date Selection Date Selection Date of Selection		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	Beneficial
				Code	e V	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amount or Number of Shares				
Convertible Promissory Note	\$ 0.40 (1)	01/31/2013		P		2		01/31/20	013 02	2/15/2016	Common Stock and Warrants to Purchase Common		\$ 50,000 (1)	2	D	

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

## **Signatures**

/s	s/ Mark Meyers	08/07/2013
***S	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).
- The reporting person purchased 2 Units of the Issuer's Convertible Promissory Note (the "Note") for \$50,000 per Unit. Each Unit consists of the right to convert the debt to 125,000 shares of (1) the issuer's common stock at \$0.40 per share and warrants to purchase 37,500 of a share of common stock at the exercise price of \$0.40 per share. The reporting person may exercise the option to convert the note any time before its maturity date. The Note matures on February 15, 2016.

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.