FORM	5
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	Check this box if no longer subject to Section 16. Form 4	
	or Form 5 obligations may	A
	continue. See Instruction 1(b).	
-	Form 3 Holdings Reported	

-	Form 4 Transactions
	Reported

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

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES hours per response..

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person [*] Francis Kyle			2. Issuer Name and Ticker or Trading Symbol Apollo Medical Holdings, Inc. [AMEH]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
(Last)	(Last) (First) (Middle) 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Yea 01/31/2013				Year)	X Officer (give title below) Other (specify below) EVP and CFO					
700 NORTH BRAN	ND BLVD., SUIT		,1,51,2015								
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Reporting (check applicable line)			
GLENDALE, CA 91203								_X_Form Filed by One Reporting Person Form Filed by More than One Reporting Person			
(City)	(State)	(Zip)	Т	able I - Non-Dei	ivative S	ecurities	Acqu	red, Disposed of, or Beneficially Ow	ned		
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securi (A) or D (Instr. 3, Amount	isposed of 4 and 5) (A) or	of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		Beneficial Ownership	
Common Stock								1,800,000	Ι	Owned directly by Kaneohe Advisors LLC, an LLC of which Mr. Francis is the sole member	

Reminder: Report on a separate line for each class of securities beneficially **Persons who respond to the collection of information contained in this form** owned directly or indirectly. SEC 2270 (9-02) **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 Exercis	sable and	7. Title and	Amount	8. Price of	9. Number	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Numl	ber	Expiration Dat	e	of Underlyin	ıg	Derivative	of	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day/Y	ear)	Securities		Security	Derivative	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	ative			(Instr. 3 and	4)	(Instr. 5)	Securities	Derivative	Ownership
	Derivative				Secur	ities						Beneficially	Security:	(Instr. 4)
	Security				Acqu	ired						Owned at	Direct (D)	
					(A) o	r						End of	or Indirect	
					Dispo	osed						Issuer's	(I)	
					of (D)						Fiscal Year	(Instr. 4)	
					(Instr	. 3,						(Instr. 4)		
					4, and	15)								
										Amount				
							Date	Expiration		or				
							Exercisable	Date	Title	Number				
					(A)		Literensuore	Duit		of Shares				
					(-)	(.)								
Options	\$ 0.15						12/09/2010	12/08/2020	Common	150,000		150,000	D	
Options	ψ 0.15						12/09/2010	12/00/2020	Stock	150,000		150,000	D	

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Francis Kyle 700 NORTH BRAND BLVD. SUITE 450 GLENDALE, CA 91203			EVP and CFO				

Signatures

/s/ Kyle Francis	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).

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.