FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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 Ty | pe Response | s) | | | | | | | | | | | | | | | | |
|--|---------------|--|---------------------------------|---|--|----------------------|------|---------------|---|--------------------|--|--|--|--|--|---|---|--------|
| Name and Address of Reporting Person* Augusta Gary | | | | 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) 700 NORTH BRAND BLVD., SUITE 450 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/09/2012 | | | | | | | Office | er (give title belo | ow) | Other (specify | below) | | | |
| (Street) | | | | 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 | | | | | e) | | |
| GLENDALE, CA 91203 (City) (State) (Zip) | | | | | Table I - Non-Derivative Securities Acqu | | | | | | | pired. Disposed of, or Beneficially Owned | | | | | | |
| (Instr. 3) Date | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, i | | ate, if | if Code (Instr. 8 | | . Transaction | | 4. Securities Acqu | | 5. Amoun Beneficia Reported | mount of Securities efficially Owned Following orted Transaction(s) r. 3 and 4) | | 6. Ownership Form: Direct (D) | of Ind Bene Own | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | С | ode | V | Amoun | ` ′ | Price | | | | (Instr. 4) | | |
| Common Stock | | 10/09/2012 | | | | | P | | 50,000 | 0 A | \$ 50 | 1,666,00 | 00 | | I | LLC limit liabit com of w Mr. Aug is a | gus ital ners C, a ted ility pany which | |
| Reminder: | Report on a s | separate line fo | or each class of secur | rities b | eneficia | lly o | wned | | | | | | | | | | | |
| | | | | | | | | | cont | ained i | n this fo | rm ar | e not requ | ction of inf uired to res OMB con | spond unl | ess | 2 1474 | (9-02) |
| | | | Table II - | | | | | quire | ed, Di | isposed | of, or Be | neficia | lly Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security | | 3. Transaction Date Execution Date (Month/Day/Year) (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 5. Number a | | 6. Dand | ions, convertible secur 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. T Am Und Sec | Title and count of derlying urities str. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Owner Form of Deriva Securit Direct or Indi | ship of B C (I) (D) rect | 1. Natur f Indirec Beneficia Dwnershi Instr. 4) | |
| | | | | | | | | | Date Exer | | Expiration Date | On Titl | Amount or Number of | | | | | |

Reporting Owners

| | Relationships | | | | | |
|--------------------------------|---------------|--------------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| Reporting Owner Name / Address | | | | | | |

| Augusta Gary 700 NORTH BRAND BLVD. SUITE 450 GLENDALE, CA 91203 | X | | | | |
|--|---|--|--|--|--|
|--|---|--|--|--|--|

Signatures

| /s/ Gary Augusta | 08/06/2013 |
|---------------------------------|------------|
| **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 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.