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) | | | | | | | | | | | | | | | | | |
|---|---|--|--|---------------|---|------|---|---------|--|---|-----------------|--|---|--------------------------------------|---|---|---|--------------------------------------|----------------------|
| 1. 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 | | | | | | | |
| 700 NORTH BRAND BLVD., SUITE 450 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2012 | | | | | | | Office | r (give title belo | ow) | Other (spe | cify belo | w) | | |
| (Street) | | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) 08/06/2013 | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| GLEND | ALE, CA | 91203 | | | | | | | | | | | | | | | | | |
| (City |) | (State) | (Zip) | | | Ta | ble I | - Non | -Deri | ivative | Secui | rities | Acqu | ired, Disp | osed of, or I | Beneficially | Owned | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any | | (Instr. 8) | | tion | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | Reported Transaction(s) | | | Ownership Form: | | . Nature f Indirect seneficial | |
| | | | | (Month/Day/Ye | | ear) | | ode | V | Amou | | (A) or (D) | Price | (Instr. 3 a | nd 4) | | Direct (D) Owners or Indirect (I) (Instr. 4) | | wnership nstr. 4) |
| Common | Stock | | 04/01/2012 | | | | | P | · | 100,0 | 00 | A | \$ 100 | 1,011,6 | 00 | | D | , | |
| | | | Table II - | | | | | quire | the fo | orm di | splay of, or | ys a o r Ben | curre eficia | ntly valid | iired to res OMB cont | | | | |
| | I_ | | | (e.g.,] | outs, calls | | | ts, opt | | | | | | | 0.71.0 | | 2 40 | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Y | Execution Da any | | te, if Transaction Code Year) (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | Am Und Sec | itle and ount of lerlying urities tr. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Own Forn Der Sect Dire or In | nership m of vative urity: ect (D) ndirect er. 4) | Beneficial Ownershi (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exer | cisable | | iration | 1 Titl | Amount or Number of Shares | | | | | |

Reporting Owners

| | Relationships | | | | | | |
|--|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Augusta Gary 700 NORTH BRAND BLVD. SUITE 450 GLENDALE, CA 91203 | X | | | | | | |

Signatures

| /s/ GAry Augusta | 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) These shares were issued to Mr. Augusta pursuant to a Consulting and Representation Agreement between the Issuer and Augusta Advisors Inc., a corporation wholly owned by Mr. Augusta, dated December 1, 2011, pursuant to which Mr. Augusta earns 100,000 shares per month for a total of seven months.

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.