FORM 4

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

OMB APPROVAL
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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

1. Name and Address of Reporting Person* Young Albert WaiChow					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 X Officer (give title below) Other (specify below) Chief Administrative Officer				
(Last) (First) (Middle) 1668 S GARFIELD AVE 2ND FLOOR					3. Date of Earliest Transaction (Month/Day/Year)										
(Street)				4. If Amendmen	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				
ALHAMBRA, CA 91801 (City) (State) (Zip)			,	Table I. Non Derivative Securities Asset						uired, Disposed of, or Beneficially Owned					
		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	Deemed 3. Transaction		4. Securities Acquired			5. Amount of Securities		6. Owners Form: Direct (7. Nat Indired Benefi D) Owner	ct icial rship		
					Code	V	Amount	(A) or (D)	Price	(I)			(Instr. 4) 4)		
Common	Stock		06/15/2021		S		5,000	D	\$ 48.58	1,110,265			D		
Common Stock									10,887,594 (1)			I	of Calif a Profe Medi	icians fornia, essional	
Reminder: I	Report on a s	separate line	e for each class of sec	curities beneficially - Derivative Secur		P ce th	ersons wontained ne form d	ho resin this	s form a	to the collector are not requirently valid	uired to res	pond ι	unless	SEC 14	74 (9-02)
		1		(e.g., puts, calls,	warrants,	opti	ons, conve	rtible	securiti	es)					
Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transact Date (Month/Da	Execution lany/Year)	d 4. Date, if Transaction Code y/Year) (Instr. 8)	5. Number of Derivat Securiti Acquire (A) or Dispose of (D) (Instr. 3 4, and 5	r a (ive les ed led led led led led led led led led	and Expiration Date Month/Day/Year)		te A U S		(Instr. 5) E	Derivat Securiti Benefic Owned Followi Reporte	tive ies cially ing ed ction(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code V	(A) (E	Date Exercisable		ration T	Amount or Number of Shares					

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Young Albert WaiChow 1668 S GARFIELD AVE 2ND FLOOR ALHAMBRA, CA 91801			Chief Administrative Officer				

Signatures

s/ Albert WaiChow Young	06/16/2021
**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).
- These securities are beneficially owned by Allied, of which the Reporting Person is a director, officer and shareholder. The Reporting Person disclaims beneficial ownership (1) of these securities except to the extent of his pecuniary interest therein, and the filing of this report is not an admission that the Reporting Person is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.

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.