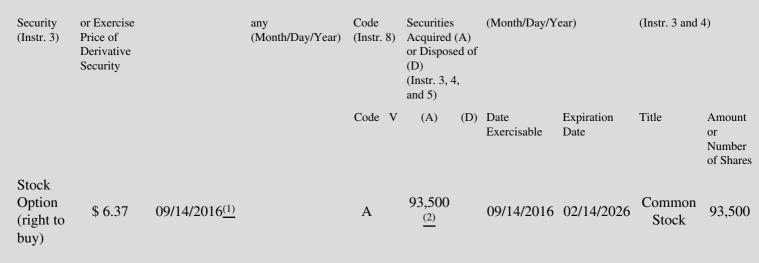
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Apollo Medical Holdings, Inc. Form 4 September 16, 2016

September 16, 20	16												
FORM 4			an au				~~~ .	NGT			OMB A	PPROVA	۱L
	UNITED	STATES		RITIES ashingto				NGE	COMMISSIO	010	/IB Imber:	3235-	0287
Check this box if no longer					TDEN					Ex	pires:	Januar	ry 31, 2005
In the toleged subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. SECURITIES Form 4 or SECURITIES							Esi bui	Estimated average burden hours per		0.5			
Form 5 obligations may continue. <i>See</i> Instruction 1(b).	-	(a) of the l	Public U		olding	Con	npan	y Act	nge Act of 1934, of 1935 or Secti 940				
(Print or Type Respor	ises)												
1. Name and Address of Reporting Person <u>*</u> Hosseinion Warren			2. Issuer Name and Ticker or Trading Symbol				c	5. Relationship of Reporting Person(s) to Issuer					
			Apollo Medical Holdings, Inc. [AMEH]						(Check all applicable)				
(Last) (First) ((Middle) 3. Date of Earliest Transaction (Month/Day/Year)			X Director X Officer (gi	ve title		% Owner er (specify					
700 NORTH BR BLVD, SUITE 1			09/14/2	2016					below) Chie		below) tive Offic	cer	
(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						
GLENDALE, CA	A 91203								Form filed by Person				
(City) (S	State)	(Zip)	Tal	ole I - Non	-Deriva	ative	Secur	rities A	cquired, Disposed	of, or E	Beneficia	lly Owned	ł
	nsaction Date h/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transacti Code (Instr. 8)	ionAcqı Disp	osed	(A) or of (D) and (A))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Form:	Indirect	7. Nature Indirect Beneficia Ownersh (Instr. 4)	ıl
				Code V	Amo	ount	or (D)	Price	(Instr. 3 and 4)				
Reminder: Report on	a separate line	e for each cl	ass of sec	urities ben	eficiall	y owr	ned di	rectly o	or indirectly.				
					in re di	nform equir	natior ed to ys a	n cont o respo	spond to the colle ained in this form ond unless the fo ntly valid OMB co	n are n orm		SEC 1474 (9-02)	
	Tab				-		-		Beneficially Owner securities)	d			

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	iorDerivative	Expiration Date	Underlying Securities

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Hosseinion Warren 700 NORTH BRAND BLVD SUITE 1400 GLENDALE, CA 91203	Х	Х	Chief Executive Officer				
Signatures							

/s/ Warren	
Hosseinion	09/14/2016
<u>**</u> 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) The option was approved by the Issuer's Compensation Committee on February 15, 2016, subject to shareholder approval of the plan under which the option was granted. The Issuer's shareholders approved the plan on September 14, 2016.
- (2) The option vested as to two-thirds of the shares on February 15, 2016 and the balance vests at the rate of one-twelfth per month commencing March 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.