## Edgar Filing: Apollo Medical Holdings, Inc. - Form 4

Apollo Medical Holdings, Inc. Form 4 November 15, 2016

November 15, 20	)16									
FORM 4			<b>CE CU</b>						PPROVAL	
. •	UNITED	STATES					COMMISSIO	N OMB Number:	3235-0287	
Check this box if no longer	Washington, D.C. 20549 F CHANGES IN BENEFICIAL OWNERSHIP OF					Expires:	January 31, 2005			
subject to STATEMENT OF CHANGES IN BENEFT Section 16. SECURITIES Form 4 or								Estimated burden hou	urs per	
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations Mage Continue. See Instruction 1(b). Form 5 See Instruction 1(b). Form 5 See Instruction 1(b). Form 5 See Instruction 1(b). Form 5 See Instruction See										
(Print or Type Respo	onses)									
1. Name and Address of Reporting Person <u>*</u> Shah Mihir			2. Issuer Name <b>and</b> Ticker or Trading Symbol				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)				Director 10% Owner X Officer (give title Other (specify below) below)			
700 N. BRAND 1400	ITE	11/14/2016				below) below) Chief Financial Officer				
	4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>						
GLENDALE, C	A 91203						Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
	ansaction Date nth/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Report of	n a separate line	for each cla	ass of sec	urities bene	•	•	•			
					inforı requi	nation cont red to respo ays a curre	spond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	l of		(Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Option (right to buy)	\$ 4.5	11/14/2016		А	50,000	12/14/2016 <u>(1)</u>	12/14/2026	Common Stock	50,000

## **Reporting Owners**

Reporting Owner Name / Addre	SS	Relationships							
1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	Director	10% Owner	Officer	Other					
Shah Mihir 700 N. BRAND BLVD. SUITE 1400 GLENDALE, CA 91203			Chief Financial Officer						
Signatures									
/s/ Mihir Shah	11/15/2016								
<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 is exercisable in equal monthly installments of 1/36th of the shares commencing December 14, 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.