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

Apollo Med Form 4/A May 18, 201	ical Holdings, Inc					-						
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										OMB APPROVAL		
		SIAILS			D.C. 2054		GEC		OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to Section 16				GES IN BENEFICIAL OWNERS SECURITIES 6(a) of the Securities Exchange Act of					Expires: Estimated a burden hou response			
obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17(•	ling Comp Company			1935 or Section 0	n			
(Print or Type]	Responses)											
Augusta GarySymbolApollo			Symbol	Medical Holdings, Inc.				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Montl			(Month/D	5. Date of Earliest Transaction Month/Day/Year))4/30/2013				_X_ Director10% Owner _X_ Officer (give titleOther (specify below) below) Executive Chairman				
BLVD., SUITE 1400												
				ndment, Date Original hth/Day/Year) 014				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative Se	curiti	es Aca	uired, Disposed of	. or Beneficial	lv Owned		
1.Title of Security (Instr. 3)	1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
Common Stock	04/30/2013			Code V J(1)	Amount 100,000 (2)	(A) or (D) D	Price \$ 0 (1)	Transaction(s) (Instr. 3 and 4) 1,659,457 (2) (3)	D			
Common Stock								266,000 <u>(2)</u>	I	See footnote $\frac{(4)}{2}$		
Reminder: Rep	port on a separate line	for each cl	ass of secu	rities benefi	cially owned	1 direc	tly or in	ndirectly.				

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

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
Augusta Gary 700 NORTH BRAND BLVD. SUITE 1400 GLENDALE, CA 91203	Х		Executive Chairman				
Signatures							

/s/ Gary Augusta 05/18/2016

<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).

A Form 4 filed on February 18, 2014 incorrectly stated that the reporting person acquired indirect beneficial ownership of 100,000 shares(1) that were issued to SpaGus Apollo LLC. The reporting person did not have a relationship that would have resulted in him having indirect beneficial ownership of Issuer securities held by SpaGus Apollo LLC.

- (2) All share amounts have not been adjusted to give effect to a 1-for-10 reverse stock split effected on April 24, 2015.
- (3) 1,400,000 of these shares were previously reported as indirectly owned.

216,000 shares are directly owned by SpaGus Capital Partners LLC, of which the reporting person is President and a 50% member.
(4) 50,000 shares are directly owned by SpaGus Ventures LLC, of which SpaGus Capital Partners LLC is Manager. The reporting person disclaims beneficial ownership of Issuer common stock held by such entities except to the extent of his pecuniary interest therein.

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.