Edgar Filing: Augusta Gary - Form 4

Augusta Gar Form 4	у										
August 22, 2	2018										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	PROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMMISSION	OMB Number:	3235-0287	
Check this box if no longer									Expires: January 3		
subject to Section 16. Form 4 or				NGES IN BENEFICIAL OWNERSHIP OF SECURITIES				Estimated average burden hours per response 0.5			
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							0.5				
(Print or Type l	Responses)										
Augusta Gary Symbol							5. Relationship of Reporting Person(s) to Issuer				
1			Apollo [AMEH	Medical Holdings, Inc. H]				(Check all applicable)			
(Month/				e of Earliest Transaction h/Day/Year) 1/2018			_X_ Director10% Owner Officer (give titleOther (specify below) below)				
1400 N. OKA	AND DL VD., SU	1112	08/17/2	.018							
			onth/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
GLENDAL	E, CA 91203							Form filed by Me Form filed by Me Person			
(City)	(State)	(Zip)	Tab	le I - Non-E	Derivative	Secur	ities Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V		ed 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)	
Common Stock	08/17/2018			A	12,948	D	\$ 18.707	152,997	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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

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

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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. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	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 / Add	ress	Relationships						
	Director	10% Owner	Officer	Other				
Augusta Gary 700 N. GRAND BLVD. SUITE 1400 GLENDALE, CA 91203	Х							
Signatures								
Gary Augusta	08/22/2018							
<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).

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.