Vazquez Adrian Form 4 November 21, 2018

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**OMB** Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

**OMB APPROVAL** 

response...

if no longer subject to Section 16. Form 4 or Form 5 obligations

Check this box

**SECURITIES** 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

may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Vazquez Adrian

(Last)

(City)

(Middle)

(Zip)

C/O 1668 S. GARFIELD

AVE., 2ND FLOOR

(Street)

(State)

(First)

2. Issuer Name and Ticker or Trading Symbol

Apollo Medical Holdings, Inc. [AMEH]

3. Date of Earliest Transaction (Month/Day/Year)

11/19/2018

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

Director 10% Owner X\_ Officer (give title Other (specify below)

Co-Chief Medical Officer

6. Individual or Joint/Group Filing(Check

Applicable Line) \_X\_ Form filed by One Reporting Person

Form filed by More than One Reporting

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

### ALHAMBRA, CA 91801

		141	/IC I - 1\UII-	- Non-Derivative Securities Acquired, Disposed of, or Denerically Owned							
1.Title of Security	2. Transaction Date (Month/Day/Year)	Transaction Date 2A. Deemed 3. 4. Securities Acquire onth/Day/Year) Execution Date, if Transaction Disposed of (D)					5. Amount of Securities	6. Ownership	7. Nature of Indirect		
(Instr. 3)		any (Month/Day/Year)	Code (Instr. 8)	(Instr. 3,	4 and 5	5)	Beneficially Owned	Form: Direct (D)	Beneficial Ownership		
		(Wolldin Day Tear)	(msu. 6)				Following	or Indirect	(Instr. 4)		
				(A)			Reported Transaction(s)	(I) (Instr. 4)			
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)	(======================================			
Common Stock	11/19/2018		S	77,868	D	\$ 18.5598	834,470	D			
Common Stock	11/20/2018		S	68,729	D	\$ 17.5535	765,741	D			
Common Stock	11/21/2018		S	75,000	D	\$ 16.508	690,741	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

**SEC 1474** (9-02)

### Edgar Filing: Vazquez Adrian - Form 4

# displays a currently valid OMB control

# 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.	6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration D	ate Amor		ınt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Unde	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Derivative		·		Secur	rities	(Instr. 5)	Bene
	Derivative				Securities			(Instr	. 3 and 4)		Own
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	m: 1	or		
						Exercisable Date	*	of	Number		
				C 1 W	(A) (D)						
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Vazquez Adrian C/O 1668 S. GARFIELD AVE. 2ND FLOOR ALHAMBRA, CA 91801

Co-Chief Medical Officer

# **Signatures**

/s/ Adrian Vazquez 11/21/2018

\*\*Signature of Date Reporting Person

## **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.

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