

Apollo Medical Holdings, Inc.
 Form 4/A
 May 18, 2016

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF 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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
 Augusta Gary

2. Issuer Name and Ticker or Trading Symbol
 Apollo Medical Holdings, Inc.
 [AMEH]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
 700 NORTH BRAND BLVD., SUITE 1400
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)
 04/30/2013

Director 10% Owner
 Officer (give title below) Other (specify below)
 Executive Chairman

GLENDALE, CA 91203

4. If Amendment, Date Original Filed(Month/Day/Year)
 02/18/2014

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

(City) (State) (Zip)

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
Common Stock	04/30/2013		J ⁽¹⁾	V Amount 100,000 ⁽²⁾	(D) Price \$ 0 1,659,457 ⁽²⁾	D	
Common Stock					266,000 ⁽²⁾	I	See footnote ⁽⁴⁾

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

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SEC 1474 (9-02)

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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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Owned Following Transaction (Instr. 5)
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Reporting Owners

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

Signatures

/s/ Gary Augusta 05/18/2016

__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).
- 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.
 - (4) 216,000 shares are directly owned by SpaGus Capital Partners LLC, of which the reporting person is President and a 50% member. 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.