Apollo Medical Holdings, Inc.

Form 5

August 07, 2013

#### FORM 5 **OMB** UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per 5 obligations OWNERSHIP OF SECURITIES response... 1.0 may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4 Transactions Reported 1. Name and Address of Reporting Person \* 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer Meyers Mark Symbol Apollo Medical Holdings, Inc. (Check all applicable) [AMEH] (Middle) 3. Statement for Issuer's Fiscal Year Ended (Last) (First) \_X\_ Director 10% Owner \_X\_ Officer (give title Other (specify (Month/Day/Year) below) below) 01/31/2013 Chief Strategy Officer 700 NORTH BRAND BLVD., SUITE 450 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year)

### GLENDALE, CAÂ 91203

(State)

(Zip)

(City)

\_X\_ Form Filed by One Reporting Person Form Filed by More than One Reporting

(check applicable line)

**OMB APPROVAL** 

						. , .	,	•
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities		5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transaction	Acquired (A)	or	Securities	Form: Direct	Indirect
(Instr. 3)		any	Code	Disposed of (	D)	Beneficially	(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 an	d 5)	Owned at end	Indirect (I)	Ownership
					`	of Issuer's	(Instr. 4)	(Instr. 4)
				(A		Fiscal Year		
				OI		(Instr. 3 and 4)		
				Amount (D	) Price	(		

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

Persons who respond to the collection of information **SEC 2270** contained in this form are not required to respond unless (9-02)the form displays a currently valid OMB control number.

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

#### 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 Exercisable and	7. Title and Amount of	8. Pri
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration Date	Underlying Securities	Deriv

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 4, and 5	tive ies ed ed 3, 5)	(Month/Day/  Date Exercisable	Year)  Expiration  Date	(Instr. 3 and 4)	Amount or Number of	Sect (Ins	
						1	Lacicisable	Date		Shares		
Options	\$ 0.21	Â	Â	Â	Â	Â.	(1)	(2)	Common Stock	150,000		1

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### **Reporting Owners**

Reporting Owner Name / Address	Keiauonsnips						
	Director	10% Owner	Officer	Other			
Meyers Mark 700 NORTH BRAND BLVD. SUITE 450 GLENDALE, CA 91203	ÂX	Â	Chief Strategy Officer	Â			

## **Signatures**

/s/ Mark Meyers 08/07/2013

\*\*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).
  - These options were issued to the reporting person pursuant to a Consulting and Representation Agreement dated October 8, 2012,
- pursuant to which the reporting person earns 50,000 options per month with an exercise price of \$0.21 per share. The options to purchase common stock of the issuer became exercisable upon issuance as follows: 50,000 shares were issued on each of 11/01/2012, 12/01/2012 and 01/01/2013, for a total as of the issuer's fiscal year ended 01/31/2013 of 150,000 options.
- (2) The options do not expire.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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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