

Apollo Medical Holdings, Inc.
Form 3
July 29, 2016

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF 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 *

^ NNA OF NEVADA INC

(Last) (First) (Middle)

2525 WEST END
AVENUE,^ SUITE 600

(Street)

NASHVILLE,^ TN^ 37203

(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)

11/17/2015

3. Issuer Name and Ticker or Trading Symbol

Apollo Medical Holdings, Inc. [AMEH]

4. Relationship of Reporting Person(s) to Issuer

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

(Check all applicable)

____ Director ____X____ 10% Owner
____ Officer ____ Other
(give title below) (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)

____ Form filed by One Reporting Person
X Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security
(Instr. 4)

2. Amount of Securities Beneficially Owned
(Instr. 4)

3. Ownership Form:
Direct (D)
or Indirect (I)
(Instr. 5)

4. Nature of Indirect Beneficial Ownership
(Instr. 5)

Common Stock, par value \$0.001 per share 800,000

D ⁽¹⁾ ^

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

SEC 1473 (7-02)

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

1. Title of Derivative Security
(Instr. 4)

2. Date Exercisable and Expiration Date
(Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security
(Instr. 4)
Title

4. Conversion or Exercise Price of Derivative Security

5. Ownership Form of Derivative Security:
Direct (D)

6. Nature of Indirect Beneficial Ownership
(Instr. 5)

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Date Exercisable	Expiration Date	Amount or Number of Shares	or Indirect (I) (Instr. 5)
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Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
NNA OF NEVADA INC 2525 WEST END AVENUE SUITE 600 NASHVILLE, TN 37203	Â	Â X	Â	Â
FRESENIUS MEDICAL CARE HOLDINGS INC /NY/ Â	Â	Â X	Â	Â
Fresenius Medical Care AG & Co. KGaA ELSE-KROENER STRASSE 1 BAD HOMBURG, 2M 61352	Â	Â X	Â	Â

Signatures

/s/ Mark Fawcett NNA of
Nevada, Inc.. 07/29/2016

__Signature of Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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).

The Reporting Person is an indirect, wholly-owned subsidiary of Fresenius Medical Care Holdings, Inc. ("FMCH"). FMCH is an indirect (1) wholly-owned subsidiary of Fresenius Medical Care AG & Co. KGaA. Mr. Mark Fawcett, Vice President and Treasurer of FMCH, was appointed a director of the Issuer on January 12, 2016, and currently serves as such.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

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