Fawcett Mark Form 4/A April 05, 2019

## FORM 4

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

Check this box if no longer

subject to Section 16. Form 4 or

Form 5 obligations

may continue. See Instruction

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 \*

Fawcett Mark

(Last)

(City)

1(b).

(First) (Middle)

55 RIDGE ROAD

(Street)

CONCORD, MA 01742

2. Issuer Name and Ticker or Trading

Symbol

Apollo Medical Holdings, Inc. [AMEH]

3. Date of Earliest Transaction

(Month/Day/Year) 01/11/2019

4. If Amendment, Date Original

Filed(Month/Day/Year) 01/15/2019

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

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

6. Individual or Joint/Group Filing(Check

Applicable Line)

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

Person

(State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

(A)

or

2. Transaction Date 2A. Deemed 1.Title of Security (Month/Day/Year) (Instr. 3)

Execution Date, if (Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code (Instr. 8)

Disposed of (D) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following Reported

Transaction(s)

Form: Direct (I) (Instr. 4)

6. Ownership 7. Nature of Indirect (D) or Indirect Beneficial Ownership

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

(Instr. 4)

(Instr. 3 and 4) Code V 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 SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

(Month/Day/Year)

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Code

1. Title of Derivative Conversion Security or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year)

Execution Date, if any

4. 5. Number Transaction of Derivative Date

Securities

6. Date Exercisable and Expiration

7. Title and Amount Underlying Securitie (Instr. 3 and 4)

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(Instr. 3) Price of (Month/Day/Year) (Instr. 8) Acquired Derivative (A) or Security Disposed of (D) (Instr. 3, 4, and 5) Code V (A) (D) Date Exercisable Expiration Date Title

Amou

or Numb

of Shares

Stock **Options**  \$ 18.11

01/11/2019

7,500 Α

 $04/11/2019^{(1)}$   $01/11/2024^{(1)}$ 

Common

7,50 Stock

## **Reporting Owners**

Relationships Reporting Owner Name / Address

> 10% Owner Officer Director Other

Fawcett Mark

55 RIDGE ROAD

X

CONCORD, MA 01742

# **Signatures**

/s/ by Kirk Moon as attorney-in-fact for Mark Fawcett

04/05/2019

\*\*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).

This Form 4/A is being filed to correct the Date Exercisable, Expiration Date and vesting schedule for the stock options previously reported in the Form 4 filed by the Reporting Person on January 15, 2019 as follows: (i) the Date Exercisable is April 11, 2019; (ii) the Expiration Date is January 11, 2024; and (iii) the stock options vest in 4 installments on April 11, 2019; July 11, 2019; October 11, 2019; and January 11, 2020.

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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