FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:	3235-0104						
Estimated average burden							
hours per response	: 0.5						

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* HOFFEN HOWARD I			2. Date of Requiring (Month/Da 11/19/20	Statement y/Year)		3. Issuer Name and Ticker or Trading Symbol Amplitude Healthcare Acquisition Corp [AMHCU]						
(Last) 1177 AVENU	(Last) (First) (Middle) 1177 AVENUE OF THE AMERICAS, FL					Relationship of Reporting Person(s) to Is (Check all applicable) X Director X 10% O				5. If Amendment, Date of Original Filed (Month/Day/Year)		
40		-			Officer (give title below)		Other (spec below)		dividual or Joint/Group Filing (Check icable Line) Form filed by One Reporting Person			
(Street) NEW YORK	NY	10036	_							,	More than One	
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					Beneficially Owned (Instr. 4) F		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		ture of Indirect Beneficial Ownership : 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
			Expiration Da			3. Title and Amount of Securities U Derivative Security (Instr. 4)		nderlying	4. Conversion or Exercise Price of	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
I I I			Date Exercisable	Expiration Date	Title		Amount or Number of Shares		Derivative Security	or Indirect (I) (Instr. 5)		
Class B Common Stock		(1)(3)	(1)(3)	Class A	Common Stock	2,87	5,000 ⁽¹⁾⁽²⁾⁽³⁾	(3)	I	See Footnote ⁽¹⁾⁽²⁾		

Explanation of Responses:

- 1. These shares represent the Class B common stock of the issuer held by Amplitude Healthcare Holdings LLC (the "Sponsor") acquired pursuant to a subscription agreement by and between the Sponsor and the issuer. The Class B common stock owned by the Sponsor includes up to 375,000 shares that are subject to forfeiture in the event the underwriters of the issuer's initial public offering do not exercise in full their over-allotment option as described in the issuer's registration statement.
- 2. Mr. Hoffen, the Chairman of the issuer, is a partner of Metalmark Capital II LLC ("Metalmark"), which is the sole member Metalmark Capital Holdings LLC. The partners of Metalmark indirectly control Metalmark Capital Holdings LLC, which is the general partner of Metalmark Capital Partners III GP, L.P., the sole member of Metalmark Amplitude Healthcare Holdings LLC. Metalmark Amplitude Healthcare Holdings LLC is a managing member of the Sponsor and shares the voting and dispositive power of the securities held by the Sponsor. Accordingly, each of Mr. Hoffen, Metalmark Amplitude Healthcare Holdings LLC, Metalmark Capital Partners III GP, L.P., Metalmark Capital Partners III GP, L.P., Metalmark Capital II LLC may be deemed to share beneficial ownership of such shares. Each of Mr. Hoffen, Metalmark Amplitude Healthcare Holdings LLC, Metalmark Capital Partners III GP, L.P., Metalmark Capi
- 3. As described in the issuer's registration statement on Form S-1 (File No. 333-234324) under the heading "Description of Securities--Founder Shares", the shares of Class B common stock will automatically convert into shares of Class A common stock at the time of the issuer's initial business combination on a one-for-one basis, subject to certain adjustments described therein and have no expiration date.

<u>/s/ Howard Hoffen</u> <u>11/19/2019</u>

** Signature of Reporting Person

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

- * 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).

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

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 Number.