SEC Form 4	
------------	--

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 1(b).
--	--

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL										
OMB Number:	3235-0287									

Estimated average burden hours per response: 0.5

1. Name and Address of Reporting Person [*] <u>GLAZER CAPITAL, LLC</u>				2. Issuer Name and Ticker or Trading Symbol <u>Amplitude Healthcare Acquisition Corp</u> [AMHC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title Other (specify below) below)							
(Last) (First) (Middle) 250 WEST 55TH STREET SUITE 30A						3. Date of Earliest Transaction (Month/Day/Year) 12/29/2020										V)		below)		
(Street) NEW YORK NY 10019				4. lf <i>F</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person						
(City)	(St	ate) (_							
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transa Date (Month/L						tion 2A. Deemed Execution D			3. Transa Code (8)	ction	4. Securitie Disposed C 5)	ed (A)	A) or 5. Amount , 4 and Securities Beneficial		ount of ties	Form (D) o	vnership n: Direct r Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership		
					ľ				Code V		Amount	(A) or (D) Price		се	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Class A c per share		ock, par value \$0	.0001	12/29/2	2020				s		18	D	\$1	10.25	1,0	73,200	See Footnote 1. ⁽¹⁾			
Class A c per share	ass A common stock, par value \$0.0001				/2020				s		75	D	\$1	10.25	1,073,125		3,125 I		See Footnote 1. ⁽¹⁾	
		Та	ble II -								osed of, o convertib				Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any			Fransaction Code (Instr.				Exerc ion Da /Day/Y		7. Title and Amount of Securities Underlying Derivative Security (In: 3 and 4)		De Se (In:	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	0 N 0	imou r lumbo f ihares	er						
		f Reporting Person [°] TAL, LLC	*			T			,							•			*	
(Last) 250 WE SUITE 3	ST 55TH S 80A	(First) TREET	(Mi	ddle)		-														
(Street) NEW Y	ORK	NY	10	019																
(City) (State) (Zip)			-																	
	nd Address o ER PAUI	f Reporting Person [°] _ <u>J</u>	*																	
(Last) 250 WE SUITE 3	ST 55TH S 80A	(First) TREET	(Mi	ddle)																
(Street) NEW Y	ORK	NY	10	019																

Explanation of Responses:

(State)

(Zip)

(City)

1. The securities reported herein are held by certain funds and accounts to which Glazer Capital, LLC, a Delaware limited liability company, serves as investment manager. Mr. Paul J. Glazer serves as the

Managing Member of Glazer Capital, LLC. Each of Glazer Capital, LLC and Mr. Paul J. Glazer disclaims beneficial ownership of the securities reported herein except to the extent of such Reporting Person's pecuniary interest therein.

Paul J. Glazer <u>12/31/2020</u>

** Signature of Reporting Person Date

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 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).

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.