SEC Form 4

Class B

Common

Common

Stock

Stock Class B (3)

(1)(2)

Explanation of Responses:

09/24/2021

09/24/2021

the Issuer upon consummation of the business combination.

FORM 4

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

OMB APPROVAL

I

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).				FEMENT 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 Number: 3235-0287 Estimated average burden hours per response: 0.5			
1. Name and Address of Reporting Person [*] <u>Amplitude Healthcare Holdings LLC</u>														5. Relationship of Reporting Pers (Check all applicable) Director			()	ner
(Last)(First)(Middle)1177 AVENUE OF THE AMERICAS, FL 40					3. Date of Earliest Transaction (Month/Day/Year) 09/24/2021									below)			below)	
(Street) NEW YORK NY 10036					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)													e than		ing Person
		Т	able I - Non	-Deriva	tive S	Securitie	s Ac	quired,	Dis	posed o	of, or	Bene	ficially	Owned				
Dat				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr.		rities Acquired (A) or ed Of (D) (Instr. 3, 4 ar			Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	t (A) or Pr		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Voting Common Stock 09/2					/2021		M ⁽²⁾		2,300,	,000 A		(1)(2)	2,300,000			D		
			Table II - I (curities alls, warı								wned				
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			Secu Deriv			8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reporter Transact	ve es ally ng d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
								Date		xpiration			nount or Imber of		(Instr. 4)			

Jasper Tx Corp.). In connection with the business combination, each share of Class B Common Stock converted to one share of Voting Common Stock. The reporting person resigned as a director and as an officer of

(1)

(1)

Class A

Commo Stock

Class A

Common Stock

3. Pursuant to an agreement by and between the Issuer and Amplitude Healthcare Holdings LLC, concurrent with the consummation of the business combination, these shares of Class B Common Stock were forfeited to the Issuer as of immediately prior to the Merger.

1. 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 adjustment described therein and have no expiration date. 2. On September 24, 2021, Amplitude Healthcare Acquisition Corporation ("AMHC" and the former name of the Issuer) consummated its business combination with Jasper Therapeutics, Inc. (the former name of

(1)

(1)

/s/ Howard Hoffen, authorized 09/28/2021 <u>signatory</u>

0

0

D

D

** Signature of Reporting Person Date

200,000

2,300,000

\$0.00

(2)

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

 \ast 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.

(A)

200,000

2,300,000

D

M⁽²⁾