FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasilington,	D.C.	20070

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
	OMB Number:	3235-0287									
	Estimated average burden										
- 1	hours per response	. 0.5									

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					01 56	cuon	30(11) 0	ות une II	ivesime	or Section 30(n) or the investment Company Act or 1940												
1. Name and Address of Reporting Person* GLAZER CAPITAL, LLC					2. Issuer Name and Ticker or Trading Symbol Amplitude Healthcare Acquisition Corp [AMHC] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title Other (specify																	
(Last) (First) (Middle) 250 WEST 55TH STREET SUITE 30A						3. Date of Earliest Transaction (Month/Day/Year) 09/04/2020																
(Street) NEW YORK NY 10019					4. If A	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	tate) (2	Zip)																			
		Table	I - No	n-Deriva	ative S	Secu	urities	Acq	uired,	Dis	posed of,	or Be	nefi	cially	/ Own	ed						
Date			2. Transac Date (Month/Da		Exe if a	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)		ed (A) str. 3, 4	4 and Securi		ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) or (D)	(A) or (D) Price		Transaction(s) (Instr. 3 and 4)							
Class A common stock, par value \$0.0001 per share 09/04/2					2020			S		11	D	\$1	0.73	1,1	113,219		I	See Footnote 1. ⁽¹⁾				
Class A common stock, par value \$0.0001 per share					/2020				S		1 D		\$1	0.05	1,113,218		3,218 I		See Footnote 1. ⁽¹⁾			
		Та	ble II -								osed of, o				Owned	d						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, //Day/Year)		nsaction le (Instr. Securi Acquii (A) or Dispo: of (D) (Instr. and 5)		rities uired or osed) r. 3, 4	6. Date Expirat (Month	ion Da		Amount of		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Securities Owned Following Reported Transactio (Instr. 4)	y C	0. Ownership Form: Direct (D) or Indirect () (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	N o	Amoun or Numbe of Shares	er								
		f Reporting Person* TAL, LLC	,																			
(Last) 250 WES	ST 55TH S'	(First) TREET	(Mi	ddle)																		
(Street) NEW YO	ORK	NY	10	019																		
(City)		(State)	(Zi _l	o)																		
	nd Address of ER PAUI	f Reporting Person [*]	,																			
(Last) 250 WES	ST 55TH S 0A	(First) TREET	(Mi	ddle)																		
(Street)	ORK	NY	10	019																		

Explanation of Responses:

(State)

(Zip)

(City)

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

12/09/2020

** 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 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.