FORM 4

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

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Washington, | D.C. | 20549 |  |
|-------------|------|-------|--|
|-------------|------|-------|--|

| STATEMENT OF | CHANGES IN | BENEFICIAL | OWNERSHIP |
|--------------|------------|------------|-----------|
|              |            |            |           |

| OMB APPROVAL             |           |  |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |
| 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*  Fontenot Teri G. |   |  |   | 2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC AMN |                                       |  |   |  |                          |                    | (Ch   | eck all appli X Directo  | cable)<br>or   | Person(s) to Is                       | )wner         |              |          |
|--|---|--|---|---|---------------------------------------|--|---|--|--------------------------|--------------------|---|--|--|---------------------------------------|---------------|--------------|----------|
| (Last)   | ,   | irst)<br>ICARE SERVIC                      | (Middle)  |   |                                       | 3. Date of Earliest Transaction (Month/Day/Year) 04/19/2024  |   |  |                          |                    |   |  |  | below)                                | (give title   | below        | (specify |
| 12400 HIGH BLUFF DRIVE, SUITE 500                          |   |  | 4. If   | 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 |  |  |                                       |               |              |          |
| (Street)<br>SAN DII  | EGO C   | <b>A</b> :                                 | 92130   |   |                                       |  |   |  |                          |                    |   |  |  |                                       | filed by More | than One Rep | I        |
| (City)   | (S  | tate)                                      | (Zip)   |   | Rule 10b5-1(c) Transaction Indication |  |   |  |                          |                    |   |  |  |                                       |               |              |          |
|  |   |  |   |   |                                       | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |   |  |                          |                    |   |  |  |                                       |               |              |          |
|  |   | Tab  | le I - Non  | -Deriv  | ative                                 | Sec  | curitie   | s Ac   | quired, D                | isp                | osed o  | of, or Be  | neficia  | ly Owne                               | d             |              |          |
| Date   |   |  | 2. Trans<br>Date<br>(Month/                       | action 2A. Deemed Execution Date if any (Month/Day/Year)                    |                                       | , Transaction Dispose Code (Instr. 5)  |   | ities Acquired (A) or<br>d Of (D) (Instr. 3, 4 and |                          | Benefic<br>Owned   | es F<br>ally (<br>Following (   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership            |                                       |               |              |          |
|  |   |  |   |   |                                       |  | Code  | v  | Amount                   | ount (A) or (D)    |   | Reporte<br>Transac<br>(Instr. 3  | tion(s)  |                                       | (Instr. 4)    |              |          |
|  |   | Т  | able II - [                                       |   |                                       |  |   |  | uired, Dis<br>s, options |                    |   |  |  | Owned                                 |               |              |          |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)        | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution I<br>if any<br>(Month/Day | Date,   | Transaction of I                      |  | 6. Date Exercisable and Expiration Date (Month/Day/Year)  T. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4) |  |                          | f<br>g<br>Security | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)   | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | Ownershi<br>Form:<br>Direct (D)<br>or Indirec<br>(I) (Instr. 4 | Beneficial<br>Ownership<br>(Instr. 4) |               |              |          |
|  |   |  |   |   | Code                                  | v  | (A)   | (D)  | Date<br>Exercisable      |                    | piration<br>ate   | Title  | Amount<br>or<br>Number<br>of<br>Shares                         |                                       |               |              |          |
| Restricted<br>Stock<br>Units                               | (1)   | 04/19/2024                                 |   |   | Α                                     |  | 3,019   |  | (2)                      |                    | (3)   | Common<br>Stock  | 3,019  | \$0                                   | 3,019         | D            |          |

## **Explanation of Responses:**

- 1. The RSUs were granted pursuant to the AMN Healthcare 2017 Equity Plan. Each RSU represents a contingent right to receive one share of AMN Common Stock.
- 2. The RSUs identified in this row were granted on April 19, 2024 and vest on the earlier of (i) the one year anniversary of the grant date, or (ii) the date of the Company's Annual Meeting of Shareholders in 2025. At the reporting owner's irrevocable election, the number of RSUs identified in this row will settle on the date of the director's separation from service with the Company
- 3. RSUs do not have an expiration date.

## Remarks:

/s/ Whitney M. Laughlin, as attorney-in-fact on behalf of Teri G. Fontenot

04/23/2024

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.