FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* HARRIS R JEFFREY (Last) (First) (Middle)				_ <u>A</u>	2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC [AMN] 3. Date of Earliest Transaction (Month/Day/Year)								Relationship neck all appli X Direct Office below	cable) or (give title	g Pers	10% Ov Other (s	ner	
2999 OLYMPUS BOULEVARD				04	04/19/2024													
SUITE 500				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street)	S T	X	75019												filed by Mor		orting Persoi One Repor	
(City)	(S	tate)	(Zip)		R			` ,			on Indi						-4.11414	4
					ΙL						ction was male 10b5-1(c			ract, instruction	n or written	plan tha	at is intended	to satisfy
		Tak	ole I - Non	-Deri	ivativ	e Se	curitie	es Acc	quired,	Dis	osed o	f, or Be	neficia	ly Owned	l			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					- 1	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ies Acquir Of (D) (Ins		Benefic Owned	es ally Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) o (D)	r Price	Reporte Transac (Instr. 3	ction(s)			Instr. 4)		
Common Stock 04/1				19/202	9/2024			M ⁽¹⁾		1,681	1 A \$0		55,918			D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	ive Conversion Date y or Exercise (Month/Day/Year) if any		ate,	Code (Instr.		n Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	e s Ily I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares	1	(Instr. 4)			
Restricted Stock Units	(2)	04/19/2024			Α		3,019		(3)		(4)	Common Stock	3,019	\$0	3,019)	D	
Restricted Stock Units	(2)	04/19/2024			М			1,681	(5)		(4)	Common	1,681	\$0	0		D	

Explanation of Responses:

- 1. AMN Common Stock acquired on the vesting of Restricted Stock Units ("RSUs").
- 2. 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.
- 3. 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
- 4. RSUs do not have an expiration date.
- 5. The RSUs identified in this row were granted on May 17, 2023 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 2024. Accordingly, the number of RSUs identified in this row vested on April 19, 2024.

Remarks:

/s/ Whitney M. Laughlin, as attorney-in-fact on behalf of R. 04/23/2024 Jeffrey Harris

** 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.