FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	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).

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

1. Name and Address of Reporting Person* HARRIS R JEFFREY							2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC [AHS]								5. Relationship of Reporting (Check all applicable) X Director			ner
(Last) (First) (Middle) 18235 W. BURLEIGH RD.						3. Date of Earliest Transaction (Month/Day/Year) 04/20/2016								Officer (give title below)			Other (specify below)	
(Street) BROOKFIELD WI 53045					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								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)						Person												
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date)						ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.			ies Acquire Of (D) (Inst		Beneficia Owned F	s ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	tion(s)			Instr. 4)
Common Stock 04/20/						/2016		M ⁽¹⁾		5,532 A		\$0.00	72,	2,717		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)	Conversion Date or Exercise (Month/Day/Year)		3A. Deemed Execution E if any (Month/Day	Date,	Code (6. Date Exercisabl Expiration Date (Month/Day/Year)		е	Amount of		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio	is illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	JII(S)		
Restricted Stock Units	(2)	04/20/2016			M			5,532	(3)		(4)	Common Stock	5,532	\$0.00	0		D	
Restricted Stock Units	(2)	04/20/2016			A		3,793		(5)		(4)	Common Stock	3,793	\$0.00	3,793		D	

Explanation of Responses:

- 1. Common Stock acquired on the vesting of Restricted Stock Units.
- 2. The Restricted Stock Units were granted pursuant to the AMN Healthcare Equity Plan. Each Restricted Stock Unit represents a contingent right to receive one share of Common Stock.
- 3. The Restricted Stock Units identified in this row were granted on April 22, 2015 and vest on the earlier of (i) the one year anniversary of the grant date or (ii) the date of the Company's 2016 Annual Meeting of Stockholders. The Company's 2016 Annual Meeting of Stockholders was held on April 20, 2016. Accordingly, the number of Restricted Stock Units identified in this row (i.e., 5,532) vested on April 20, 2016.
- ${\bf 4.} \ Restricted \ Stock \ Units \ do \ not \ have \ an \ expiration \ date.$
- 5. The Restricted Stock Units identified in this row were granted on April 20, 2016 and vest on the earlier of (i) the one year anniversary of the grant date or (ii) the date of the Company's 2017 Annual Meeting of Stockholders.

Remarks:

/s/ Denise L. Jackson, as
Attorney-In-Fact on behalf of
Jeffrey R. 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.