## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
Estimated average burden										
	hours nor rosponso:	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*  SALKA SUSAN R					2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC [ AHS ]											eck all applic	able)	g Person(s) to Is 10% ( Other			
(Last) (First) (Middle) 12400 HIGH BLUFF DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 12/09/2016										below)		below)	peony		
(Street) SAN DII		tate)	92130 (Zip)		-	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	e) X Form f Form f Persor					
		Tab	le I - No	n-Deri	vativ	e Se	curit	ties Ac	quii	red, I	Dis	posed o	f, or	Ben	eficial	ly Owned					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.							Securition Beneficition Owned I	5. Amount of Securities Beneficially Owned Following		n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								С	Code	v	Amount	() ()	A) or D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Stock			12/0	//09/2016				N	M <sup>(1)</sup>		11,83	7	Α	\$0.0	300	00,525		D			
Common Stock				12/0	2/09/2016				]	<b>F</b> <sup>(2)</sup>		6,176	6 D \$3		\$36.3	5 294,349		D			
Common Stock 12/12				2/2016					G <sup>(3)</sup>	V	10,000	0	D \$0.00		0 284,349		D				
		-	Table II -									osed of, onvertil				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transaction Code (Insti		5. Number n of		6. Date Exercis Expiration Date (Month/Day/Yea			)	7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exe	e ercisabl		Expiration Date	Title	0 N	Amount or Number of Shares						
Restricted Stock	(4)	12/09/2016			M			11,837		(5)	T	(6)	Comr		11,837	\$0.00	0		D		

#### **Explanation of Responses:**

- 1. Common Stock acquired on the vesting of Restricted Stock Units.
- 2. Number of shares withheld for tax purposes.
- 3. The reporting person transferred 10,000 shares of AMN Common Stock as a gift to charity.
- 4. The Restricted Stock Units identified in this row were granted pursuant to the AMN Healthcare Equity Plan. Each Restricted Stock Unit represents a contingent right to receive one share of AMN Common
- 5. The Restricted Stock Units were granted on December 9, 2013 and vest on the third anniversary of the grant date. Each Restricted Stock Unit represents a contingent right to receive one share of AMN Common Stock.
- 6. Restricted Stock Units do not have an expiration date.

# Remarks:

12/13/2016 /s/ Susan R. Salka

\*\* 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.