FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasnington, D.C. 20549

STATEMENT	OF	CHANGES	IN BENE	FICIAL	OWNERS	SHIP
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OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden 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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Scott Brian M.				<u>A</u> 1	2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC AHS									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) 12400 HIGH BLUFF DRIVE, SUITE 100			3. [3. Date of Earliest Transaction (Month/Day/Year) 02/22/2013										Officer (give title below) CFO/CAO				specify		
(Street) SAN DII			92130 (Zip)		4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Ind Line)	Form	dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - No	n-Deriv	/ative	e Se	curiti	ies Ac	quir	ed, D	isp	osed o	of, or Be	enefi	cially	Owned	t c			
Date			Date	Transaction ite onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		´ Co	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			4 and Securiti Benefic Owned		es ially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Co	de V	,	Amount	(A) or (D)	r _{Pr}	ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 02/2.				2/2013	2013			1	И		8,823 A			\$ <mark>0</mark>	26,087			D		
Common Stock 02			02/22	2/2013	/2013			F ⁽¹⁾		3,315	5 D	\$	12.66	22,772		D				
		Т	able II -										, or Ben ble secu			Owned				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercion Price of Derivative Security		cise (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date, Transa Code (tion of		Expira	6. Date Exercisa Expiration Date (Month/Day/Yea			Amount o Securities Underlyin Derivative	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		. Price of derivative security nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				c	Code	v	(A)	(D)	Date Exerc	isable		xpiration ate	Title	Amo or Num of Shar	ber					
Restricted Stock Units	(2)	02/22/2013			M ⁽³⁾			8,823	(4)		(5)	Common Stock	8,8	23	\$0	8,564		D	

Explanation of Responses:

- 1. Number of shares withheld for tax purposes.
- 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. Common Stock acquired on the vesting of Restricted Stock Units.
- 4. The Restricted Stock Units identified in this row were granted on January 25, 2011 and vest on the third anniversary of the grant date, provided, however, the Restricted Stock Units shall vest on an accelerated basis thirteen months after the grant date, in the incremental amount of 33% of the original number of Restricted Stock Units granted, should the Company achieve or exceed a certain specified earnings before interest, taxes, depreciation and amortization (EBITDA) threshold for the previous fiscal year, and on the second anniversary of the grant date, in the amount of 34% of the original number of Restricted Stock Units granted, should the Company achieve or exceed the EBITDA target for the 2012 fiscal year.
- 5. Restricted Stock Units do not have an expiration date.

/s/ Brian M. Scott

02/25/2013

** 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.