FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549
vasimigton,	D.O.	200-0

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	ANNU
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AL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPROVAL									
OMB Number:	3235-0362								
Estimated average bu	rden								
hours per response:	1.0								

Form 3 Holdings Reported. Form 4 Transactions Reported.

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* YONTZ KENNETH F					2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC AHS							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title V Other (specify							
(Last) (First) (Middle) 12400 HIGH BLUFF DRIVE					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 01/25/2008							FormerDirector							
(Street)	EGO CA	A	92130	4. If Ame	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 Form filed by More than One Reporting								
(City)	(S	tate)	(Zip)									Person							
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			Execution D	2A. Deemed Execution Date, if any (Month/Day/Year)			4. Securities Acquired (A) or Dispos (D) (Instr. 3, 4 and 5)				ed Of 5. Amount Securities Beneficial Owned at		у		wnership I orm: Direct I		7. Nature of Indirect Beneficial Ownership		
			(monain buy)				Amount (A		(A) or (D)	Price		Issuer's Fi Year (Instr 4)	iscal Ìndire		ect (I) (Ins		str. 4)		
Common Stock 06/18/2007				M		1	60	,000	A \$14.9		14.94 60,0		000		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deri Secu Acq (A) (Disp of (E	umber vative urities uired or oosed O) (Instr. and 5)	Expiration Date (Month/Day/Year)		iration Date Amount of		nt of ties lying tive Secur		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		Ownership of I Form: Ber Direct (D) Ow		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Share	oer							
Stock Options (Right to	\$60,000	06/18/2007		M		60,000	05/18/	/2005	05/18/2014	Comm		00	\$14.94	60,0	000	D			

Explanation of Responses:

Kenneth Yontz

01/25/2008

** 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.