FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APP	ROVAL
OMB Number	3235-0

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)

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

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1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>SALKA SUSAN R</u>						AHS]								3	Directo	r		10% Ow	ner	
(Last)	Last) (First) (Middle)						-									Officer (give title below)			pecify	
12400 HIGH BLUFF DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 12/09/2014									President and CEO					
(Street)					4. 1										6. Individual or Joint/Group Filing (Check Applicable Line)					
SAN DII	EGO CA	A	92130											3	X Form filed by One Reporting Person					
(City)	(S:	tate)	(Zip)		-										Form filed by More than One Reporting Person					
		Tab	ole I - Noi	n-Deriv	vativ	e Se	curities	s Acc	quired,	Disp	osed o	of, or E	ene	ficiall	y Owned					
Date				Date	nsaction		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				5. Amour Securitie Beneficia Owned F	s ally following	Form:	Direct Indirect It. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A (D	or	Price	Reported Transact (Instr. 3 a	ion(s)		ľ	(Instr. 4)	
Common Stock 02/28					8/201	2014		G ⁽¹⁾	V	7,200) [D	\$0	307,783			D			
Common Stock 02/28					8/201	/2014		G ⁽²⁾	V	7,200)	D	\$0	300,583			D			
Common Stock 03/03.					3/201	3/2014		G ⁽³⁾	V	9,000)	D	\$0	291,583			D			
		-	Table II -						uired, D , option						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 D if any (Month/Day)	Date,	4. Transa Code (8)				6. Date Ex Expiration (Month/Da	Date		7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	S F Illy D O	Downership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)		Date Exercisab		expiration Date	Title	or Nu of	umber						
Restricted Stock	(4)	12/09/2014			A		38,695		(5)		(6)	Commo		8,695	\$0	38,69	5	D		

Explanation of Responses:

- 1. The reporting person transferred 7,200 shares of AMN Common Stock as a gift to charity.
- 2. The reporting person transferred 7,200 shares of AMN Common Stock as a gift to charity.
- 3. The reporting person transferred 9,000 shares of AMN Common Stock as a gift to charity.
- 4. 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.
- 5. The Restricted Stock Units were granted on December 9, 2014 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% should the Company achieve or exceed a certain specified earnings before interest, taxes, depreciation, and amortization (EBITDA) target for the 2015 fiscal year, and on the second anniversary of the grant date in the amount of 34% should the Company achieve or exceed the specified EBITDA target for the 2016 fiscal year.
- 6. Restricted Stock Units do not have an expiration date.

12/11/2014 /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.