FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 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]										Relationship of Repo heck all applicable) X Director		g Pers	10% Ov	vner
(Last) 12400 H	.ast) (First) (Middle) 2400 HIGH BLUFF DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 05/19/2015											below)	(give title Presiden	t and	Other (s below)	вреспу
(Street) SAN DII	AN DIEGO CA 92130					4. If Amendment, Date of Original Filed (Month/Day/Year)										Indiv ne) X					n
	`		ole I - No	n-Deri	vativ	e Se	ecur	ities A	cq	uired,	Dis	posed o	of, o	r Ben	eficia	lly (Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					saction	1	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				5. Amount of Securities Beneficially Owned Follow		nt of es 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	ion(s)			(Instr. 4)
Common Stock 05/19						15			М		30,82	3	A	\$16.	18	440	,825		D		
Common Stock 05/19					9/201	15			D		19,18	2	D	\$2	6	421,643		D			
Common Stock 05/19					9/201	15			F ⁽¹⁾		6,074	1	D	\$26		415,569			D		
Common Stock 05/19/						15			S ⁽²⁾		260		D	\$26		415,309			D		
Common Stock 05/20/2						/2015				S ⁽³⁾		5,307	7	D	\$26		410,002		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. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr. 8)				(1	6. Date Ex Expiration Month/Da	n Date	•	of S Und Der	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		Do	. Price of Perivative Security Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	E OFF	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)		Date Exercisab		Expiration Date	Titl		Amoun or Number of Shares						
Common Stock	\$16.18	05/19/2015			M ⁽⁴⁾			30,823	3	(5)		04/08/2018		mmon tock	30,823		\$0.00	0		D	

Explanation of Responses:

- 1. Number of shares withheld for tax purposes.
- 2. The sale of 260 shares of Common Stock reported in this row was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 3. The sale of 5,307 shares of Common Stock reported in this row was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 4. The exercise of derivative securities reported in this row was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 5. The Stock Appreciation Rights set forth in this row were granted on April 8, 2008 pursuant to the AMN Healthcare Equity Plan. The Stock Appreciation Rights vested over three years on the anniversary of the grant date in increments of 33%, 34% and 33%, respectively.

Remarks:

/s/ Susan R. Salka

05/21/2015

** 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.