FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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).

## 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

							`				· ·									
Name and Address of Reporting Person*  March Martha H							2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Marsh Martha H.						AMN 1								X Director			10% O	wner		
,		-   111									Officer below	(give title		Other (s	specify					
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)								)		below)			
9769 WEXFORD CIRCLE							04/17/2020													
_			_									0 .								
(Street)		4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)									
GRANITE BAY CA 95746														X Form filed by One Reporting Person						
GRAINITE BAY CA 95/40														Form filed by More than One Reporting						
,					-									Perso		e mai	топе керо	rung		
(City)	(5	State)	(Zip)																	
		Tal	le I - No	n-Deriv	vative	Sec	uriti	es Ac	quired,	Dis	posed o	of, or Be	neficia	lly Owne	d					
1. Title of Security (Instr. 3) 2. Transac					saction					3. 4. Securities Acquired (A)				5. Amou	6. Ownership		7. Nature			
Date					lDav/Ye	Execution Date ay/Year) if any			Code (Instr. 5)			Of (D) (Instr. 3, 4 and		Securities Beneficially				of Indirect Beneficial Ownership		
(MOII							(Month/Day/Year)						Owned	Following (i) (I		nstr. 4)				
									Carla	l,,	Amount	(A) o	r Price	Reporte Transac				(Instr. 4)		
									Code	٧	Amount	(D)	Price	(Instr. 3						
Common Stock 04/17/									M <sup>(1)</sup>		2,90	7 A	\$0.0	0 47	,265		D			
01/1//															,					
		•												/ Owned						
				(e.g., p	outs,	calls	, wa	rrants	, optio	ıs, c	onverti	ble sec	urities)							
1. Title of	2.	3. Transaction	3A. Deem	ed	4.		5. N	umber	6. Date Ex	ercis	able and	7. Title an	d	8. Price of	9. Number	r of	10.	11. Nature		
Derivative	Conversion		Execution	Date,	Transa Code (		Of Dori		Expiration (Month/D			Amount of Securities		Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial		
Security or Exercise (Month/Day/Year) if any (Month/Day/Year) (Month/Day/Year)					8)	Securitie		Securities `			Underlying			(Instr. 5)	Beneficially Owned Following		Direct (D)	Ownership		
	Derivative Security								Derivative		ľ. ,	or Indirect (I) (Instr. 4)	(Instr. 4)							
	'         b							Disposed							Reported					
						of (D) (Instr. 3, 4 and 5)								Tran (Ins		on(s)				
														(						
				İ									Amount	1						
													or Number							
									Date		expiration		of							
					Code	V	(A)	(D)	Exercisal	le [	Date	Title	Shares							
Restricted Stock Units	(2)	04/17/2020			M			2,907	(3)		(4)	Common Stock	2,907	\$0.00	0		D			

## **Explanation of Responses:**

- 1. AMN Common Stock acquired on the vesting of Restricted Stock Units ("RSUs").
- 2. The RSUs were granted pursuant to the AMN Healthcare 2017 Equity Plan. Each RSU represents a contingent right to receive one share of AMN Common Stock.
- 3. The RSUs were granted on April 17, 2019 and vest on the earlier of (i) the one year anniversary of the grant date, or (ii) the date of the Company's 2020 Annual Meeting of Shareholders. Accordingly, the number of RSUs identified in this row vested on April 17, 2020.
- 4. RSUs do not have an expiration date.

## Remarks:

/s/ Denise L. Jackson, as

Attorney-In-Fact on behalf of 04/21/2020

Martha H. Marsh

\*\* 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.

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