FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OIVID APPROVAL										
OMB Number:	3235-0287									
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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

1. Name and Address of Reporting Person* FOLETTA MARK G (Last) (First) (Middle) 12400 HIGH BLUFF DRIVE					AN AM 3. D	2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC [AMN] 3. Date of Earliest Transaction (Month/Day/Year) 04/22/2020									Relationship of Reportin heck all applicable) X Director Officer (give title below)			10% Ov Other (below)	vner
SUITE 100 (Street) SAN DIEGO CA 92130 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D.					action	2A. Deemed Execution Date,		3. Transa Code (ction	4. Securities Acquired Disposed Of (D) (Instr. 5)		red (A) or str. 3, 4 a	5. Amou 4 and Securiti Benefici Owned		int of es 6. O Forr ially (D) of Following d tion(s)		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
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 D if any (Month/Day/	ate,	Code (Inst				6. Date Exercisal Expiration Date (Month/Day/Year		Amount of		f g Security	8. Price (Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amoun or Numbe of Shares						
Restricted Stock Units	(1)	04/22/2020			A		2,826		(2)		(3)	Common Stock	2,826		\$0.00	2,826		D	

Explanation of Responses:

- 1. The Restricted Stock Units identified in this row were granted pursuant to the AMN Healthcare 2017 Equity Plan. Each Restricted Stock Unit represents a contingent right to receive one share of AMN
- 2. The Restricted Stock Units identified in this row were granted on April 22, 2020 and vest on the earlier of (i) the one year anniversary of the grant date, or (ii) the date of the Company's 2021 Annual Meeting of Shareholders.
- 3. Restricted Stock Units do not have an expiration date.

Remarks:

/s/ Denise L. Jackson, as attorney-in-fact on behalf of

04/24/2020

Mark G. Foletta

** 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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