FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APP | OMB APPROVAL | | | | | | |
|--------------------------|--------------|--|--|--|--|--|--|
| OMB Number: 3235-01 | | | | | | | |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Weaver Paul E | | | 2. Date of Event Requiring Statement (Month/Day/Year) 07/17/2006 3. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC [AHS] | | | | | | | | | |
|---|------------|---------------------|---|---|---|---|--|---|--|--|--|--|
| (Last) (First) (Middle) 132 LONE TREE FARM ROAD | | | | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | (Mor | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | |
| (Street) NEW CANAAN (City) | CT (State) | 06840 (Zip) | | | Officer (give title below) | Other (spe- below) | | icable Line) Form filed b | /Group Filing (Check y One Reporting Person y More than One erson | | | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | | | Amount of Securities eneficially Owned (Instr. 4) | 3. Ownersh Form: Direct or Indirect ((Instr. 5) | t (D) (Instr | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) | | | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | | 4. Conversion or Exercise | 5. Ownership Form: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Price of Derivative Security | Direct (D) or Indirect (I) (Instr. 5) | | | | | |
| Restricted Stoo | ck Units | | (2) | 07/17/2016 | Common Stock | 2,777 | (1) | D | | | | |
| Stock Appreciation Rights | | (3) | 07/17/2016 | Common Stock | 2,222 | 21.45 | D | | | | | |

Explanation of Responses:

- 1. 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.
- 2. The Restricted Stock Units vest in the incremental amount of 33% on the first anniversary of the grant; 34% on the earlier of (i) July 17, 2008 and (ii) the date of the Company's 2008 Annual Meeting of Stockholders; and 33% on the earlier of (i) July 17, 2009 and (ii) the date of the Company's 2009 Annual Meeting of Stockholders.
- $3. \ The \ Stock \ Appreciation \ Rights \ were \ granted \ pursuant \ to \ the \ AMN \ Healthcare \ Equity \ Plan. \ The \ Stock \ Appreciation \ Rights \ vest \ on \ the \ first \ anniversary \ of \ the \ grant \ date.$

<u>Paul E Weaver</u> <u>07/24/2006</u>

** 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 5 (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.