SEC Form 4 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION																
		Washington, D.C. 20549								OMB APPROVAL			/AL			
Section 16. Form 4 or Form 5 obligations may continue. See					ed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940							SHIP	SHIP Estimated average hours per respon			235-0287 1 0.5
1. Name and Address of Reporting Person <sup>*</sup> Jones Daphne E						2. Issuer Name and Ticker or Trading Symbol <u>AMN HEALTHCARE SERVICES INC</u>							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			
(Last) (First) (Middle)					AMN ] 3. Date of Earliest Transaction (Month/Day/Year)							Officer (give title Other (specify below) below)				
1	C/O AMN HEALTHCARE SERVICES, INC 12400 HIGH BLUFF DRIVE, SUITE 100				04/21/2022											
(Street) SAN DII	EGO C	A 9	4	<ol> <li>If Amendment, Date of Original Filed (Month/Day/Year)</li> </ol>							Individual or Joint/Group Filing (Check Applicable ine)     X Form filed by One Reporting Person     Form filed by More than One Reporting     Person					
(City)	(St		Zip)													
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Da			Code (Ins				Benefic Owned	es ially Following	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code V	/ Amount	(A) ( (D)	Price	Reporte Transac (Instr. 3	tion(s)			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 Date if any (Month/Day/Ye	Cod	nsactior de (Instr		tive ties red sed 3, 4	6. Date Exerc Expiration D (Month/Day/	ate	Amount of Securities Underlying Derivative Se (Instr. 3 and 4		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactii (Instr. 4)	s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Cod	de V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Restricted Stock Units	(1)	04/21/2022		A		1,458		(2)	(3)	Common Stock	1,458	\$0.00	1,458		D	

## Explanation of Responses:

1. 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.

2. The RSUs identified in this row were granted on April 21, 2022 and vest on the earlier of (i) the one year anniversary of the grant date, or (ii) the date of the Company's Annual Meeting of Shareholders in 2023. At the reporting owner's irrevocable election, the number of Restricted Stock Units identified in this row will settle on the date of the director's separation from service with the Company.

## 3. RSUs do not have an expiration date.

Remarks:

<u>/s/ Denise L. Jackson, as</u> <u>Attorney-in-Fact on behalf of</u> <u>04/22/2022</u> <u>Daphne E. Jones</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 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.