FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	OVAL						
	OMB Number:	3235-0287						
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l	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).

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									neck a	onship Il appli Directo	cable)	g Person(s) to I	
(Last) (First) (Middle) 12400 HIGH BLUFF DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 01/03/2014									X Officer (give title below) Presiden			Other below and CEO	(specify)
(Street) SAN DIE	AN DIEGO CA 92130						4. If Amendment, Date of Original Filed (Month/Day/Year)								ie)	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Tabl	e I - No	n-Deriv	ative	Sec	curitie	s Ac	quired,	Dis	posed o	f, or	Ben	eficia	lly O	wnec	d		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date,		Transaction Dispos			rities Acquired (A) o ed Of (D) (Instr. 3, 4 a			4 and 5) Sec Ben Owi		ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	unt (A) or (D)		Price	T	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 01/03/2							2014				163,49	4	A	\$0		367,053		D	
Common Stock 01/03/2						2014			F ⁽²⁾		75,547	7	D	\$14.	29	291,506		D	
		Та									sed of, onvertib				Owi	ned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	4. Transaction Code (Instr. 8)		n of		6. Date E Expiratio (Month/D	on Dat		7. Title and Amount of Securities Underlying Derivative Security (Ins and 4)			8. Pric Deriva Securi (Instr.	tive s ty s 5) E	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or	ount nber ires					

Explanation of Responses:

1. The acquisition of common stock set forth in this row resulted from the vesting of a performance restricted stock unit ("PRSU") award granted by the Company on January 25, 2011. The ultimate number of PRSUs that could have been earned and vested under this award depended on (1) the total shareholder return for the Company relative to the companies in the Russell 2000 Index as of December 31, 2011 for the 3-year period beginning on January 1, 2011 and ended December 31, 2013 ("Relative TSR") and (2) whether the Company's absolute total shareholder return for the same period was positive or negative (collectively, the "TSR Measurement"). The Compensation Committee performed the TSR Measurement for this award on January 3, 2014. The Company's Relative TSR measured in the 87th percentile and its absolute total shareholder return for the period was positive. Based on these results, the maximum amount of PRSUs for this award, were deemed earned and vested.

2. Number of shares withheld for tax purposes

/s/ Susan R. Salka 01/07/2014

** 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.