FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | JVAL | | | | |
|------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
| Estimated average burd | en | | | | |
| 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

| | | | | | | _ | _ | | | _ | | | | | | | | | | |
|---|--|------------|--|-------|---|----------------------------|-------------------------------------|-------------------------|--|--|--------------------|-------------------------------------|---|---|---|--|---------------|--|--|--|
| Name and Address of Reporting Person* Hagan Mark Christopher | | | | AN | 2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC [AMN] | | | | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify | | | | | | |
| (Last) (First) (Middle) 12400 HIGH BLUFF DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/27/2021 | | | | | | | | | Chief Information and Digital | | | | | | |
| (Street) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person | | | | | | |
| SAN DII | EGO CA | A ! | 92130 | | | | | | | | | | | | | Form filed by One Reporting Person | | | | |
| (City) | (Si | tate) (| Zip) | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/Date) | | | | | Execution Date, | | Transaction Dispose Code (Instr. 5) | | ities Acquired (A) or d Of (D) (Instr. 3, 4 a | | | | | Form: I y (D) or I | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | (A (D |) or) | Price | Transac (Instr. 3 | tion(s) | | | (IIISti. 4) | |
| Common Stock 06/27/ | | | | | //2021 | '2021 | | M ⁽¹⁾ | | 5,629 |) | A | \$0.00 | 7, | 103 | | D | | | |
| Common Stock 06/27/2 | | | | /2021 | | | | F ⁽²⁾ | | 2,086 | 86 D \$9 | | \$94.4 | 5, | 5,017 | | D | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Executive Or Exercise (Month/Day/Year) | | | 3A. Deem Execution if any (Month/Da | Date, | | ransaction Code (Instr. | | n of E | | 6. Date Exercisal Expiration Date Month/Day/Year | | Amoui Securi Underi Deriva | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisa | | Expiration Date | Title | or Nu of | ımber | | | | | | |
| Restricted Stock | (3) | 06/27/2021 | | | M | | | 5,629 | (4) | | (5) | Comm | | ,629 | \$0.00 | 0 | | D | | |

Explanation of Responses:

- 1. Common Stock acquired on the vesting of Restricted Stock Units ("RSUs").
- 2. Number of shares withheld for tax purposes.
- 3. The RSUs identified in this row were granted pursuant to the AMN Healthcare 2017 Equity Plan. Each RSU represents a contingent right to receive one share of AMN Common Stock.
- 4. The RSUs identified in this row were granted on June 27, 2018 and vest in three tranches on each of the first, second and third anniversaries of the grant date and the granted's provision of three periods of credited service.
- 5. RSUs do not have an expiration date.

Remarks:

/s/ Mark C. Hagan

06/29/2021

** Signature of Reporting Person

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.