FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ı	OIVID APP	RUVAL
	OMB Number:	3235-0287
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0.5

hours per response:

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*     Jackson Denise L					2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC [ AHS ]									Chec	k all applica Director	able)	Person(s) to Issuer  10% Owner  Other (specif		wner	
(Last) 12400 H	st) (First) (Middle) 400 HIGH BLUFF DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 01/27/2006									X	below)  General Counsel / Sr. V.P.				.,	
(Street) SAN DI	SAN DIEGO CA 92130		92130 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indi ₋ine) X	ividual or Joint/Group Filing (Chec Form filed by One Reporting F Form filed by More than One F Person			rting Perso	Person	
(0.5)			ble I - Nor	n-Deriva	ative	e Se	curi	ities Acc	uired.	Dis	posed of	. or Ber	nefici	allv	Owned					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Secondary Disposition Code (Instr.		4. Securiti	rities Acquired (A) ed Of (D) (Instr. 3, 4		r	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Pric	e	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)	
Common Stock				01/27/2006		6			M		12,000	) A	\$9	0.09	12,000			D		
Common Stock			01/27	/27/2006				S		12,000	) D	\$2	20.5	12,000		D				
			Table II -								osed of, convertib				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/	ate, Tra	ransaction ode (Instr.		Derivative		6. Date Exercisal Expiration Date (Month/Day/Year		te	7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
				Co	de \	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amou or Numb of Share	ber	er	Transacti (Instr. 4)	on(s)			
Stock Options (Right to buy)	\$9.09	01/27/2006		N	1			12,000 <sup>(1)</sup>	07/24/20	002	07/24/2011	Common Stock	12,0	00	\$20.5	22,441	(2)	D		
Stock Options (Right to buy)	\$22.98								01/17/20	003	01/17/2012	Common Stock	22,0	00		22,000	(2)	D		
Stock Options (Right to buy)	\$9.68								05/08/20	004	05/08/2013	Common Stock	30,0	00		30,000	(2)	D		
Stock Options (Right to buy)	\$14.94								05/18/20	005	05/18/2014	Common Stock	50,0	00		50,000	(2)	D		_
Stock Options (Right to	\$14.86								05/04/20	006	05/04/2015	Common Stock	65,0	00		65,000	(2)	D		

## **Explanation of Responses:**

- 1. The exercise of options and sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 15, 2005.
- 2. The options to purchase share of Common Stock were granted pursuant to the AMN Healthcare Services, Inc. Stock Option Plan. The shares become vested in four equal installments on the first, second, third and fourth anniversary of the grant date.

/s/ Denise L. Jackson

01/31/2006

\*\* 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.