FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden 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* YONTZ KENNETH F | | | | | | | 2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC AHS | | | | | | | | | | all appli Directo | ionship of Reporting all applicable) Director Officer (give title | | g Person(s) to Issuer 10% Owner Other (spec | |
|-----------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|----------------------------------------------|---------------------|--------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------|-----------------------------|------|------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------|
| (Last) 12400 H | Last) (First) (Middle) 2400 HIGH BLUFF DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/15/2005 | | | | | | | | | | | below) | | below) | | вреспу |
| (Street) SAN DIEGO CA 92130 | | | | | 4. li | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Indiv Line) X | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (City) | City) (State) (Zip) | | | | | | | | | | | | | | | | Person | | | | |
| | | | le I - No | 1 | | _ | | | cquir | | Disp | | | | | | 1 | | | | |
| | | | | | 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | ansaci ode (In | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | 4 and Securiti Benefic Owned | | es ially Following | Forn (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | C | ode | v | Amount | | (A) or (D) | Pric | e | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) |
| Common Stock 03 | | | | | 5/2005 | | | | I | (1) | | 500 | | A | \$1 | 5.73 | 72 | ,700 | 700 | | |
| Common Stock 03/15 | | | | | 5/2005 | | | | F | (1) | | 1,300 | | A | \$1 | 5.74 | 74 | ,000 | D | | |
| Common Stock 03/15/ | | | | | | 2005 | | | | (1) | | 1,000 | 0 | A | \$1 | 5.75 | 75 | 5,000 | | D | |
| | | Т | able II - | | | | | | | | | sed of onverti | | | | | wned | | | | |
| 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/Da | Date, Trans Code | | | of E | | Expira | e Exer ation D h/Day/ | ate | ble and | of Se Unde Deriv | 7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4) | | De Se | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Owners Form: Direct (I or Indire (I) (Instr | Ownership | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | | epiration ate | Title | | Amount or Number of Shares | nber | | | | | |
| Stock Options (Right to | \$14.94 | | | | | | | | 05/18 | 3/2005 | 05 | 5/18/2014 | Comi | | 60,00 | 00 | | 60,000 ⁽⁾ | 2) | D | |

Explanation of Responses:

buy)

- 1. The acquisitions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 13, 2005.
- 2. The options to purchase shares of Common Stock were granted pursuant to the AMN Healthcare Services, Inc. Stock Option Plan and become vested in three equal installments on the earlier of the first, second and third anniversary of the grant date or the day prior to the Company's Annual Meeting of Shareholders in each of 2005, 2006, and 2007, respectively

Kenneth Yontz

03/17/2005

** 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.