FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
	OMB Number:	3235-0287									
- 1	Fatimated average	hurdon									

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

					UI S	Secu	011 30(11)	or trie i	iivesiiieii	it Coi	ilpally Act	01 194	.0								
1. Name and Address of Reporting Person* SALKA SUSAN R						2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
						AHS 1									X	Direc	ctor		10% C	wner	
(Last)	(Fii	rst) (Middle)		<u> </u>	- 1									X	Officer (give title below)			Other (below)	specify	
12400 HIGH BLUFF DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 05/06/2016											President and CEO					
Street)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
SAN DIE	GO CA	A 9	92130												X	Form	n filed by One	e Repo	rting Pers	on	
(City)	(St	ate) (Zip)													Form Pers	n filed by Moi on	re than	One Rep	orting	
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Ac	quired,	Dis	posed o	f, or	Bene	eficia	ally	Owne	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					ay/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispos Code (Instr. 5)		rities Acquired (A ed Of (D) (Instr. 3,			nd	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(11341.4)	
Common Stock 05/06				/2016		S ⁽¹⁾		20,00	0	D	\$38		358,688			D					
		Та							,		sed of, onvertib				y Ov	vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date, T C y/Year) 8	4. Transa Code (8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)				rative rity . 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	wnership orm: rect (D) Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Nun of								

Explanation of Responses:

1. The sale of 20,000 shares of Common Stock set forth in this row was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.

Remarks:

/s/ Susan R. Salka

05/09/2016

** 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.