FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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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

							. ,				<u> </u>										
Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Henderson Ralph</u>																Direc	ctor		10% O	wner	
(Last) (First) (Middle)					AN	AMN]									X	Officer (give title below)			Other (specify below)		
(Last)	(FI	rst) ((Middle)		3 0	ate c	f Farlies	t Transa	action (M	onth/[Dav/Year)			\neg		Pr	es., Prof. S	Svc &	Staffing	ſ	
8840 CYPRESS WATERS BLVD.						3. Date of Earliest Transaction (Month/Day/Year) 01/09/2020									res., rior, ove. & ourning						
SUITE 300																					
JOILE	50				4 14	4 If Amandment Date of Original Filed (Month/D-:///)									C. Ladii idaal oo laiat/Oassa Eiliaa (Obsela ta lii III						
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														-	X	Form	a filed by One	o Bono	ortina Dorc	on	
DALLAS	5 T2	X 7	75019												Λ	, , ,					
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(City)	(S	tate) (Zip)																		
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1. Title of S	ecurity (Inst	tr. 3)		2. Trans	saction					3. 4. Securities Acquired (A)							ount of		nership	7. Nature	
				Date (Month/	Dav/Ye	Execution Date, ay/Year) if any			Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)			3, 4 a	4 and Securi Benefi				orm: Direct D) or Indirect	of Indirect Beneficial			
(""""""""""""""""""""""""""""""""""""""					- u y r · · ·	(Month/Day/Year)								Owned		l Following		(I) (Instr. 4)	Ownership		
									Code				(A) or D		Tron		orted nsaction(s)			(Instr. 4)	
										۱۷	Amount	- [(P) (D)	Price	• ((Instr. 3 and 4)					
Common Stock 01/09/)			S ⁽¹⁾		1,657	57 D		\$6	28,729		8,729		D		
				<u> </u>							1							<u> </u>			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
			(e.g., pı	uts, c	alls	, warr	ants,	option	s, co	onvertib	le se	ecurit	ies)							
1. Title of	2.	3. Transaction	3A. Deeme	4.		5. Number		6. Date Exercisable and			7. Title and			8. Price o		of 9. Number of		0.	11. Nature		
Derivative	Conversion or Exercise	Date (Month/Day/Year)	Execution if any	Date,	Transa		n of		Expiration Date			Amount of			Derivative		derivative		Ownership	of Indirect	
Security (Instr. 3)	v/Year)	Code (Code (Instr.		Derivative (Securities					Securities Underlying		Security (Instr. 5)		Securities Beneficially		orm: irect (D)	Beneficial Ownership				
(Instr. 3) Price of (Month/Day/Year) Price of (Month/Day/Year)							Acquired					Deriv	vative		(5	,	Owned		r Indirect	(Instr. 4)	
	Security					(A) or Security (In								str. 3) (Instr. 4)		
						Disposed of (D) (Instr. 3, 4						and 4	4)		1		Reported Transaction	(s)			
																(Instr. 4)		(3)			
				L		and 5)															
				ſ									Amo	ount							
						or															
								Date	١,	Expiration	Numbe		nper					1			
				- 1	Code	l۷	(A)		Exercisal		Date	Title		res							

Explanation of Responses:

1. The sale of 1,657 shares of AMN Common Stock reported in this row was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.

Remarks:

<u>/s/ Ralph S. Henderson</u> <u>01/13/2020</u>

** Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$

- * 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.