FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

T										
	OMB APPROVAL									
	OMB Number: 3235-02									
	Estimated average burden									
-	hours per response:	0.5								

	tion 1(b).	iliue. See		File							ties Exchan		of 1934			nours	per response:	0.5
					or :	Section	1 30(h)	of the	Investm	ent Co	ompany Act	of 1940						
1. Name and Address of Reporting Person*  Scott Brian M.					<u>A1</u>	2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC									olicable)	g Person(s) to	ssuer Owner	
-						AHS]							X Office below		er (give title		Other (specify below)	
(Last) (First) (Middle) 12400 HIGH BLUFF DRIVE, SUITE 100						3. Date of Earliest Transaction (Month/Day/Year) 02/26/2015								belo	,	/CAO	,	
(Street) SAN DIEGO CA 92130				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting						
(City)	(5	State) (	Zip)													erson		
		Tab	le I - N	on-Deriv	ative/	Sec	uritie	s Ac	quired	l, Di	sposed o	f, or I	Benefic	ially	Owne	ed		
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day					Execution		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a		and 5) Secu Bene Own		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) o (D)	Price			action(s) 3 and 4)		(Instr. 4)
Common Stock 02/26/20				2015	015		S <sup>(1)</sup>		961	D	\$22	\$22.8798		56,269	D			
		Ta	able 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 Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable ar Expiration Date (Month/Day/Year)		ite	7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		Deri Seci (Inst		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares					

## **Explanation of Responses:**

1. The sale of 961 shares of Common Stock reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.

/s/ Brian M. Scott 02/27/2015

\*\* 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.