FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

F CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>JOHNS MICHAEL M E</u>					2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC [AHS]									k all appli Directo	tionship of Reporting all applicable) Director Officer (give title below)		10% O	vner	
(Last) (First) (Middle) 736 CONWAY GLEN DR. N.W						3. Date of Earliest Transaction (Month/Day/Year) 04/22/2015											Other (below)	specify	
(Street) ATLANT			30327 (Zip)	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	Form	Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting n				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date				Transaction te onth/Day/Ye	Execution Date,			Code (In:					4 and Securit		ies Fe ially (D Following (I)		. Ownership orm: Direct D) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	/	Amount	(A) o (D)	(A) or (D) Price		Transac (Instr. 3	ction(s)			(111311.4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
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	Code		n of E		Expiration D	s. Date Exercisable and Expiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		D S (I	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Own For Olly Dire or I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v			Date Exercisable	Ex Da	piration ate	Am or Nui of Title Sha		er						
Restricted Stock Units	(1)	04/22/2015		A		5,532		(2)		(3)	Common Stock	5,53	2	\$0.00	5,532		D		

Explanation of Responses:

- 1. The Restricted Stock Units were granted pursuant to the AMN Healthcare Equity Plan. Each Restricted Stock Unit represents a contingent right to receive one share of Common Stock.
- 2. The Restricted Stock Units identified in this row were granted on April 22, 2015 and vest on the earlier of (i) the one year anniversary of the grant date or (ii) the date of the Company's 2016 Annual Meeting of Stockholders. At the reporting person's irrevocable election, the number of Restricted Stock Units identified in this row (i.e. 5,532) settle on the date of the director's termination of service with the Company.
- 3. Restricted Stock Units do not have an expiration date.

Remarks:

/s/ Denise L. Jackson, as Attorney-In-Fact on behalf of 04/24/2015 Michael M.E. Johns, M.D.

** Signature of Reporting Person

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.