SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden hours per response: 0.5

1. Name and Addres	ss of Reporting Perso <u>AN R</u>	n*	2. Issuer Name and Ticker or Trading Symbol <u>AMN HEALTHCARE SERVICES INC</u> [AMN]		tionship of Reporting Perso all applicable) Director	on(s) to Issuer 10% Owner	
P				x	Officer (give title below)	Other (specify below)	
(Last) (First) (Middle) 12400 HIGH BLUFF DRIVE (Street)		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 01/30/2017		President and CEO		
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	ividual or Joint/Group Filing (Check Applicable		
SAN DIEGO	CA	92130		X	Form filed by One Repor	ting Person	
(City)	(State)	(Zip)			Form filed by More than Person	One Reporting	

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	, Transaction Code (Instr.					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)		(1150. 4)
Common Stock	01/30/2017		A ⁽¹⁾		80,477	A	\$0.00	364,826	D	
Common Stock	01/30/2017		F ⁽²⁾		40,101	D	\$36.2625	324,725	D	

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)	4. Transa Code (8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Performance Restricted Stock Units	(3)	01/30/2017		М			80,477	(4)	(5)	Common Stock	80,477	\$0.00	0	D	

Explanation of Responses:

1. The acquisition of Common Stock set forth in this row resulted from the deferred release of a Performance Restricted Stock Unit ("PRSU") award that vested on January 5, 2016. In 2013, the reporting person elected to defer receipt of these PRSUs pursuant to the Company's deferred compensation plan, with a settlement date of January 30, 2017.

2. Number of shares withheld for tax purposes.

3. Each PRSU represents a contingent right to receive one share of Common Stock.

4. The PRSUs set forth in this row resulted from the vesting of a PRSU award granted by the Company on January 3, 2013. On January 5, 2016, the maximum number of PRSUs that could have been earned, 80,477, were deemed earned and vested under the January 3, 2013 PRSU award.

5. PRSUs do not have an expiration date.

Remarks:

/s/ Susan R. Salka

** Signature of Reporting Person

01/31/2017

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.

Date