FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

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

1. Name and Address of Reporting Person* <u>Henderson Ralph</u>						2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC [AMN]									5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Owne Officer (give title Other (spe			Owner	
(Last) (First) (Middle) 12400 HIGH BLUFF DRIVE							3. Date of Earliest Transaction (Month/Day/Year) 11/29/2017									X Office (give title below) below) Pres., Prof. Svc. & Staffing			
(Street) SAN DIEGO CA 92130 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									S. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - Nor	า-Deriv	ative	Se	curitie	es Ac	quired,	Dis	posed o	f, or	Bene	eficia	ılly Ov	vned			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution [Code (Instr.						nd Se Be Ov	Amount of curities neficially vned Following ported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
										v	Amount (A)		A) or D)	Price	Tra	ansaction(s) str. 3 and 4)		(Instr. 4)	
Common Stock 11/29/							2017		S ⁽¹⁾		15,27	2	D \$49		9	16,500	D		
		Та	ble II - D								sed of, onvertib				/ Own	ed			
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date or Exercise (Month/Day/Year) if any		Date,	4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Disp of (D	osed) r. 3, 4	Expiration (Month/D	Date Expiration Date Date Expiration Date Month/Day/Year) Date Expiration Date Date Date Date			e and unt of rities rlying ative rity (Ins	ount nber	8. Price Derivati Securiti (Instr. 5	ve derivative Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

1. The sale of 15,272 shares of AMN Common Stock reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.

Remarks:

/s/ Ralph S. Henderson

** Signature of Reporting Person

Date

12/01/2017

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.