FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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* Henderson Ralph						AMN HEALTHCARE SERVICES INC [AHS]									neck all ap Dire	ctor er (give title	ig Person	10% C	Owner (specify
(Last) (First) (Middle) 12400 HIGH BLUFF DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 10/21/2014										sident, Hea	althcare		
(Street) SAN DIEGO CA 92130 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. l	ie) X Forr Forr	or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting rson				
		Tabl	le I - Nor	n-Deriv	ative	Se	curitie	s Ac	quired,	Dis	posed o	f, or l	Bene	ficia	lly Own	ed			
				Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispos		Disposed	rities Acquired (A) ed Of (D) (Instr. 3, 4			d Secur Benef Owne	icially d Following	6. Owner Form: Di (D) or Ind (I) (Instr.	irect direct	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(<i>A</i>	() or ()	Price		action(s) 3 and 4)			(Instr. 4)
Common Stock 10/21/					1/201	2014			S ⁽¹⁾		4,800)	D \$17		7 6	67,605			
		Та	able II - E								sed of, onvertib				Owned		,		
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)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		unt	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Forn Direc or In (I) (Ir		11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	of Shar	es					

Explanation of Responses:

1. The sale of 4,800 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/ Ralph Henderson

10/22/2014

** 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.