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

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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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*					2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC [							ck all applica	able)	ng Person(s) to Issuer  10% Owner			
(Last) 4425 N.	(First) (Middle)			3	AHS ]  3. Date of Earliest Transaction (Month/Day/Year) 05/18/2004							Officer ( below)	give title	Other (specify below)		pecify	
(Street) OCONOMOWOC WI 53066			4	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line)	ndividual or Joint/Group Filing (Check Applicable  X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(S	tate)	(Zip)														
		Та	ble I - Non-	Derivat	ive S	ecurities	Ac	quired,	Dis	posed of	or Ben	eficially	Owned				
Date			2. Transact Date Month/Day	Execution Date,		Code (I	ansaction Disposed Of (D) (Instr. 3, 4				5. Amoun Securities Beneficial Owned Fo Reported	Forn lly (D) o ollowing (I) (Ir		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount	(A) or (D)	Price	Transaction (Instr. 3 and				111501. 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	version (Month/Day/Year) Execution if any (Month/I	3A. Deemed Execution Date if any (Month/Day/Ye.	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisab	ıle	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	ion(s)		
Stock Options (Right to buy)	\$14.94	05/18/2004		A		60,000 <sup>(1)</sup>		05/18/200	5 <sup>(1)</sup>	05/18/2014	Common Stock	60,000	\$14.94	60,00	00	D	

## **Explanation of Responses:**

1. The options to purchase shares of Common Stock were granted pursuant to the AMN Healthcare Services, Inc. Stock Option Plan and become vested (exercisable) in three equal installments on the earlier of the first, second and third anniversary of the grant date or the day prior to the Company's Annual Meeting of Shareholders in each of 2005, 2006 and 2007, respectively.

Kenneth Yontz

05/20/2004

\*\* 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.