FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	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*  STERN ANDREW M					2. Issuer Name <b>and</b> Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u> </u>					AHS	AHS]								X				10% O	
(Last)	(Fi	rst) (	Middle)												below)	(give title		Other ( below)	specify
C/O SUNWEST COMMUNICATIONS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 04/20/2016														
2 LINCOLN CENTRE				04/2	20/20	)10													
					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)													Line)  X Form filed by One Reporting Person						
DALLAS	S T	Χ	75240											Λ		,		Ü	
												Form filed by More than One Reporting Person							
(City)	(St	tate)	Zip)																
		Tab	le I - Non	-Deriva	ative	Sec	urities	s Ac	quired, I	Disp	osed o	of, or Be	enefic	ially	Owned	ł			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution I		xecution any	Date,	Code (II	4. Secur Dispose (Instr. 5)		ities Acqui d Of (D) (In		and Securiti Benefic Owned		es ally Following	Form (D) or	vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
								Code	v	Amount	(A) or (D)		e	Reported Transact (Instr. 3	tion(s)			(Instr. 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 D if any (Month/Day)	Date, T	4. Transactio Code (Inst 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		S (I	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Ownership	Beneficial Ownership t (Instr. 4)
				c	ode	v	(A)		Date Exercisable		xpiration ate	Title	Amou or Numb of Share	er					
Restricted Stock Units	(1)	04/20/2016			A		3,793		(2)		(3)	Common Stock	3,79	3	\$0.00	3,793		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 20, 2016 and vest on the earlier of (i) the one year anniversary of the grant date or (ii) the date of the Company's 2017 Annual Meeting of Stockholders. At the reporting person's irrevocable election, the number of Restricted Stock Units identified in this row (i.e. 3,793) 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 04/22/2016 Andrew M. Stern

\*\* 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.