FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasnington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-028		

OMB Number: Estimated average burden 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*  SALKA SUSAN R						2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC								S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner				
					3. D	AMN ]  3. Date of Earliest Transaction (Month/Day/Year) 05/08/2018								X	below)		Other (specify below)	
(Street) COPPEL (City)			75019 (Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								indivi ine) X	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person			
		Tab	le I - N	Non-Deriv	<i>r</i> ative	Sec	uritie	s Ac	quire	ed, Di	sposed o	f, or E	Benefici	ally (	Owne	ed		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye					Execution Date,		· /	3. Transaction Code (Instr. 8) 4. Securities Disposed Of (				5)	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Trans	action(s) 3 and 4)		(Instr. 4)
Common Stock 05/08/201					018	8			S <sup>(1)</sup>		45	D	\$54	4		38,025	D	
Common Stock 05/10/20				018	18			S <sup>(2)</sup>		31,907	D	\$54.63	I.6306 <sup>(3)</sup>		06,118	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	se (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Yea		4. Transaction Code (Instr. 8)		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 Amount of Securities Underlying Derivative Security (Instr. and 4)		ıt	vative (urity : 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	of Shares					

## **Explanation of Responses:**

- 1. The sale of 45 shares of Common Stock reported in this row was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 2. The sale of 31,907 shares of Common Stock reported in this row was also effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 3. The price reported in this row represents a weighted average price of \$54.6306 per share. These shares were sold in multiple transactions at prices ranging from \$54.00 to \$55.00, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price.

## Remarks:

/s/ Susan R. Salka

05/10/2018

\*\* 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.