SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL									
OMB Number: 3235-0287									
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1. Name and Address of Reporting Person [*] <u>FOLETTA MARK G</u>			2. Issuer Name and Ticker or Trading Symbol <u>AMN HEALTHCARE SERVICES INC</u> [<u>AMN</u>]		tionship of Reporting Pers all applicable) Director Officer (give title below)	son(s) to Issuer 10% Owner Other (specify below)	
(Last) (First) (Middle) 12400 HIGH BLUFF DRIVE SUITE 100		(Midale)	3. Date of Earliest Transaction (Month/Day/Year) 04/17/2019		blowy	Scion)	
(Street) SAN DIEGO	CA 92130		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
	Code		v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(11311. 4)	
Common Stock	04/17/2019		M ⁽¹⁾		2,153	Α	\$0.00	9,043	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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
Restricted Stock Units	(2)	04/17/2019		М			2,153	(3)	(4)	Common Stock	2,153	\$0.00	0	D	
Restricted Stock Units	(2)	04/17/2019		A		2,907		(5)	(4)	Common Stock	2,907	\$0.00	2,907	D	

Explanation of Responses:

1. Common Stock acquired on the vesting of Restricted Stock Units ("RSUs").

2. The RSUs were granted pursuant to the AMN Healthcare 2017 Equity Plan. Each RSU represents a contingent right to receive one share of AMN Common Stock.

3. The RSUs were granted on April 18, 2018 and vest on the earlier of (i) the one year anniversary of the grant date, or (ii) the date of the Company's 2019 Annual Meeting of Shareholders. The Company's 2019 Annual Meeting of Shareholders was held on April 17, 2019. Accordingly, the number of RSUs identified in this row (2,153) vested on April 17, 2019.

4. RSUs do not have an expiration date.

5. The RSUs were granted on April 17, 2019 and vest on the earlier of (i) the one year anniversary of the grant date, or (ii) the date of the Company's 2020 Annual Meeting of Shareholders.

Remarks:

<u>/s/ Denise L. Jackson, as</u> <u>Attorney-In-Fact on behalf of</u> <u>Mark G. Foletta</u>

04/19/2019

** 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.