FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number:	3235-0287										
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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* <u>Hagan Mark Christopher</u>				<u>A</u>	2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC AMN								all application of the contraction of the contracti	cable) or (give title	g Per	son(s) to Iss 10% Ov Other (s	vner		
(Last) 12400 H	ast) (First) (Middle) 4400 HIGH BLUFF DRIVE, SUITE 100					3. Date of Earliest Transaction (Month/Day/Year) 01/15/2022								below) Chie		tion	below) and Digita	1	
(Street) SAN DIE			92130 (Zip)	4.1									Indivi ne) X	,					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date			nsaction th/Day/Ye	Execution Date,		Code (I	Transaction Disposed Of (D) (Instr. 3, 4) Code (Instr. 5)			4 and Securiti Benefic		es Formalially (D) (D) (I) (I) (I)		n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	V	Amount	(A) or (D) Price			Transact	nsaction(s) tr. 3 and 4)			(111341.4)		
	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 Date, if any (Month/Day/Year	4. Transa Code (8)		n of E		6. Date Exe Expiration (Month/Day	Date		d 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		Der Sed (Ins	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amoun or Numbe of Shares							
Restricted Stock Units	(1)	01/15/2022		A		4,038		(2)		(3)	Common Stock	4,038		\$0.00	4,038	3	D		

Explanation of Responses:

- 1. The Restricted Stock Units identified in this row were granted pursuant to the AMN Healthcare 2017 Equity Plan. Each Restricted Stock Unit represents a contingent right to receive one share of AMN
- 2. The Restricted Stock Units set forth in this row were granted on January 15, 2022 and vest in three tranches on each of the first, second, and third anniversaries of the grant date and the grantee's provision of three periods of credited service.
- 3. Restricted Stock Units do not have an expiration date.

Remarks:

/s/ Mark C. Hagan

01/19/2022

** 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.