FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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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*					2. Issuer Name and Ticker or Trading Symbol										5. Relationship of Reporting Person(s) to Issuer					
Trent-Adams Sylvia						AMN HEALTHCARE SERVICES INC [Ι'	(Check all applicable) X Director			10% Ov	vner
,					_ AN	1N]									^		-			
(Last)	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)									1	Officer (give title Other (s below) below)				specify
C/O AMN HEALTHCARE SERVICES, INC.					04/	04/21/2023														
12400 HIGH BLUFF DRIVE, SUITE 100					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)					-										X		,	•	orting Person	
SAN DII	EGO C	A .	92130													Form f Persor		e thar	n One Repor	rting
(City)	Ru	Rule 10b5-1(c) Transaction Indication																		
												ction was r s of Rule 1					on or written	plan ti	hat is intende	d to
		Tab	le I - Nor	n-Deriv	ative	Sec	uriti	es Ac	quir	red, D	isp	osed c	of, or B	enef	icially	/ Owned	t			
1. Title of Security (Instr. 3) 2. Trans Date (Month.					action 2A. Deemed Execution Date oay/Year) if any (Month/Day/Year)			Transaction Dis			Dispose	securities Acquired (A) posed Of (D) (Instr. 3,				es Fo fally (D) Following (I)		orm: Direct) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									C	ode V		Amount	(A) (D)	or P	rice	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common Stock 0				04/2	1/2023				N	M ⁽¹⁾		1,458	8 A \$0.0		\$0.00	3,597			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. Deeme Execution if any (Month/Da	ed Date,	4. Transactio Code (Insti		5. Number of		6. Date Exercisabl Expiration Date (Month/Day/Year)			ble and	7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		1	3. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	cisable	Ex Da	opiration	Title	or	ount nber ires					
Restricted Stock Units	(2)	04/21/2023		Ì	M			1,458	((3)		(4)	Common	1,4	158	\$0.00	0		D	

Explanation of Responses:

- 1. AMN 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 identified in this row were granted on April 21, 2022 and vest on the earlier of (i) the one year anniversary of the grant date, or (ii) the date of the Company's Annual Meeting of Shareholders in 2023, which will be held on May 17, 2023. Accordingly, the number of RSUs identified in this row vested on April 21, 2023.
- 4. RSUs do not have an expiration date.

Remarks:

/s/ Denise L. Jackson, as attorney-in-fact on behalf of Sylvia Trent-Adams

04/25/2023

** 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.