FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPR	OVAL				
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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).

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

1. Name and Address of Reporting Person* Trent-Adams Sylvia					2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC [AMN]							neck all apport	ctor	ng Pers	10% Ov	vner		
(Last)	(Fi	irst) ((Middle)									_	Offic belo	er (give title v)		Other (s below)	specify	
C/O AMN HEALTHCARE SERVICES, INC.				3. Date of Earliest Transaction (Month/Day/Year) 04/21/2021														
12400 HIGH BLUFF DRIVE, SUITE 100				0 11212021														
				4. I1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SAN DIE	EGO CA	A 9	92130											filed by One		•		
,													Forn Pers	i filed by Moi on	re thar	n One Repo	rting	
(City)	(S	tate) ((Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date			Transaction ate lonth/Day/Ye	Execution Date,		Code (Ins	Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)					s Formally (D) of ollowing (I) (In		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
						Code	/ A	mount	it (A) or Pi		Trans	action(s) 3 and 4)			(
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any			3A. Deemed Execution Date if any (Month/Day/Ye	Code (Instr.		n of E		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 Derivativ Security (Instr. 5)		e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expii Date	ration	Title	Amount or Number of Shares						
Restricted Stock Units	(1)	04/21/2021		A		2,139		(2)	((3)	Common Stock	2,139	\$0.00	2,139	_ _	D		

Explanation of Responses:

- 1. 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.
- 2. The RSUs identified in this row were granted on April 21, 2021 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 2022.
- 3. RSUs do not have an expiration date.

Remarks:

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

04/23/2021

** 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.