Instruction 1(b).

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## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL

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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 a	2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
FOLETTA MARK G						AMN]							X Directo			10% Ov	
(Last) (First) (Middle) 2999 OLYMPUS BOULEVARD					3. Date of Earliest Transaction (Month/Day/Year) 04/19/2024									Officer (give title below)		Other (sp below)	
SUITE 500				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						Lin	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) DALLAS TX 75019										Form fi	Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)																	
Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													to satisfy				
		Tal	ble I - Nor	n-Derivati	ve Se	curitie	es Aco	quired,	Disp	posed of	f, or Be	neficial	y Owned				
Date				2. Transactio Date (Month/Day/	/Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.				Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		Direct I Indirect I str. 4) (	7. Nature of Indirect Beneficial Ownership
								Code	v	Amount	(A) oi (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 04/19					24			<b>M</b> <sup>(1)</sup>		1,681	681 A		10,	10,254		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)	rivative Conversion Date Execution Date, Trans curity or Exercise (Month/Day/Year) if any Code			nsaction Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title ar Amount o Securities Underlyir Derivativo (Instr. 3 a	of s g s Security	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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Date Exercisable		Expiration		Amount or Number of		(Instr. 4)	011(3)		

Restricted Stock (2) 04/19/2024 A 3,019 Units

Explanation of Responses:

(2)

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

04/19/2024

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.

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3. The RSUs identified in this row were granted on May 17, 2023 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 2024. 4. RSUs do not have an expiration date.

(3)

(5)

1,681

5. The RSUs identified in this row were granted on April 19, 2024 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 2025. Accordingly, the number of RSUs identified in this row vested on April 19, 2024.

**Remarks:** 

Restricted

Stock

Units

/s/ Whitney M. Laughlin, as attorney-in-fact on behalf of Mark G. Foletta

Commor

Stock

Common

Stock

1,681

3,019

\$<mark>0</mark>

\$<mark>0</mark>

(4)

(4)

04/23/2024

0

3,019

D

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\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.