Instruction 1(b)

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 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response:	0.5						

					Or	Secu	on 30(n) c	or trie	investment	COLL	ipany Act	01 1940							
1. Name and Address of Reporting Person* Grace Caroline					<u>Al</u>	2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC AMN								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) 8840 CYPRESS WATERS BLVD.						3. Date of Earliest Transaction (Month/Day/Year) 11/28/2022							- 7	X Officer (give title Other (specify below) Chief Executive Officer					
(Street) DALLAS (City)			75019 (Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable le) X 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. Transa Date (Month/D:					Execution Date,			Code (Instr. 5)			5. Amour Securitie Beneficia Owned F Reported	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	,	Amount	(A) or (D)	Price	Transact	Transaction(s) (Instr. 3 and 4)			(11150.4)	
	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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any				ransaction of ode (Instr. Derivative			Expiration Date (Month/Day/Year) UI			7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Owners Form: Direct (or Indirect) (I) (Instr	Ownership	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares						
Restricted Stock Units	(1)	11/28/2022			A		8,164		(2)		(3)	Common Stock	8,164	\$0.00	8,164	1	D		
Restricted Stock Units	(1)	11/28/2022			A		16,329		(2)		(3)	Common Stock	16,329	\$0.00	16,32	9	D		

Explanation of Responses:

- 1. The Restricted Stock Units reflected 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 Common Stock
- 2. The Restricted Stock Units reflected in this row were granted on November 28, 2022 and vest on the first, second and third anniversary of the grant date and the granted's provision of three periods of credited
- 3. Restricted Stock Units do not have an expiration date.

Remarks:

/s/ Denise L. Jackson, as attorney-in-fact for Caroline Grace

11/30/2022

** 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.