FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL										
OMP Number:	2225 0									

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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* Henderson Ralph					<u>A</u>	2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC AHS]										all applic Directo	able)	g Pers	on(s) to Issu 10% Ow Other (s	/ner
(Last) 12400 H	ast) (First) (Middle) 2400 HIGH BLUFF DRIVE							3. Date of Earliest Transaction (Month/Day/Year) 02/22/2013										lthca	below) re Staffing	§
(Street) SAN DIEGO CA 92130				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Indiv ne) X	Form filed by One Reporting Person					
(City)	(Si	tate)	(Zip)													Form fi Person		e than	One Repor	ting
		Tab	le I - No	n-Deriv	vativ	e Se	curit	ies Ac	quirec	l, Dis	spos	ed of	, or Be	neficia	ally	Owned				
Diameter Cooking (months)			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Securiti Benefic Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amo	ount	(A) or (D)	Price		Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)
Common Stock 02/22					2/201	2013			М		1	0,295	Α	\$	0	78,341			D	
Common Stock 02/2				02/22	2/201	/2013		F ⁽¹⁾		3,868		D	\$12	.66	74,473		D			
		٦	Гable II -										or Bene le secu			wned				
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	Date,		ransaction Code (Instr.		n of		Exerci on Da Day/Ye			7. Title and Amou of Securities Underlying Derivative Secur (Instr. 3 and 4)		D S	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	is Silly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expira Date		Title	Amoun or Numbe of Shares	nber					
Restricted Stock	(2)	02/22/2013			M ⁽³⁾			10,295	(4)		(5))	Common Stock	10,29	5	\$0	9,991		D	

Explanation of Responses:

- 1. Number of shares withheld for tax purposes.
- 2. The Restricted Stock Units were granted pursuant to the AMN Healthcare Equity Plan. Each Restricted Stock Unit represents a contingent right to receive one share of Common Stock.
- 3. Common Stock acquired on the vesting of Restricted Stock Units.
- 4. Restricted Stock Units identified in this row were granted on January 25, 2011 and vest on the third anniversary of the grant date, provided, however, the Restricted Stock Units shall vest on an accelerated basis thirteen months after the grant date, in the incremental amount of 33% of the original number of Restricted Stock Units granted, should the Company achieve or exceed a certain specified earnings before interest, taxes, depreciation and amortization (EBITDA) threshold for the previous fiscal year, and on the second anniversary of the grant date, in the amount of 34% of the original number of Restricted Stock Units granted, should the Company achieve or exceed the EBITDA target for the 2012 fiscal year.
- 5. Restricted Stock Units do not have an expiration date

02/25/2013 /s/ Ralph Henderson

** 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.