SEC For	m 4 FORM	4 (JNITED) STA	TES	S SE	CUR	ITI	ES AND	EXCHA	NGE	CON	IMI	SSION				
Washington, D.C. 20549														OMB APPROVAL				VAL
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 OWNE Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940														Estima			1B Number: 3235-0287 timated average burden urs per response: 0.5	
1. Name and Address of Reporting Person [*] <u>Trent-Adams Sylvia</u>						2. Issuer Name and Ticker or Trading Symbol <u>AMN HEALTHCARE SERVICES INC</u> [AMN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify				vner
	(Last) (First) (Middle) C/O AMN HEALTHCARE SERVICES, INC. 12400 HIGH BLUFF DRIVE, SUITE 100				3. Date of Earliest Transaction (Month/Day/Year) 10/01/2020									below)			other (s below)	респу
(Street) SAN DIE	reet) AN DIEGO CA 92130				4. lf	4. If Amendment, Date of Original Filed (Month/Day/Year)								 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person 				
(City)	(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Benef																	
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					action	ar) if	2A. Deemed Execution Date f any Month/Day/Yea		a, 3. Transacti Code (Ins	4. Securities Acqu Disposed Of (D) (I		uired (A)	or	5. Amou Securitie Benefici Owned F	nt of 6 s F Illy (i ollowing (i	Form (D) o	r Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership
									Code V	Amoun	t (A) (D)	or Pr	Price Reported Transaction (Instr. 3 and		tion(s)			Instr. 4)
		т							uired, Dis s, options					Owned				
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/Day	Date,	I. Fransaction Code (Instr. 3)				6. Date Exerc Expiration D (Month/Day/N	ate	Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	s Ily I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amo or Num of Shar	ber					
Restricted Stock Units	(1)	10/01/2020			A		1,197		(2)	(3)	Commo Stock	ⁿ 1,1	97	\$0.00	1,197	7	D	

Explanation of Responses:

1. The Restricted Stock Units 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 were granted upon Ms. Trent-Adams appointment to the Company's Board of Directors on October 1, 2020 and vest on the earlier of (i) the one year anniversary of the grant date or (ii) the date of the Company's 2021 Annual Meeting of Shareholders. At the reporting person's irrevocable election, the number of Restricted Stock Units identified in this row (i.e., 1,197) will settle on the date of the director's termination of service with the Company.

3. Restricted Stock Units do not have an expiration date.

Remarks:

/s/ Denise L. Jackson, as Attorney-In-Fact on behalf of 10/05/2020 Sylvia Trent-Adams

** 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.