FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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 (Last) (First) (Middle) 8840 CYPRESS WATERS BLVD. SUITE 300						2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC [AMN] 3. Date of Earliest Transaction (Month/Day/Year) 12/16/2019 4. If Amendment, Date of Original Filed (Month/Day/Year)									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) Pres., Prof. Svc. & Staffing 6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) DALLAS TX 75019 (City) (State) (Zip)					-										X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	le I - Nor	n-Deriv	ative	Se	curitie	s Acq	uired,	Dis	posed o	f, or	Bene	eficia	ally C	wne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Ar Disposed Of (D 5)					4 and Secu Bene Owne		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership		
							Code	v	Amount		(A) or (D)	Price	1		ction(s) 3 and 4)		(Instr. 4)			
Common Stock 12/16/)			G ⁽¹⁾	V	1,815	1,815		\$ 0 .	.00 4		5,513	D		
		Та	able II - D								sed of, onvertib				y Ow	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem	ed n Date, ay/Year)		Transaction Code (Instr. 3)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		n Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		ount nber			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	

Explanation of Responses:

1. The reporting person transferred 1,815 shares of AMN Common Stock as a gift to charity.

Remarks:

<u>/s/ Ralph S. Henderson</u>
** Signature of Reporting Person

12/26/2019

sals .

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.