FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
1	hours ner resnonse.	0.5								

					or	Section	30(h) (of the	Investi	ment C	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]								5. Relationship of Reporting (Check all applicable) Director X Officer (give title			10% Owner Other (specify	
(Last) (First) (Middle) 12400 HIGH BLUFF DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 07/01/2015								below) below) President, Healthcare Staffing				
(Street) SAN DIF			92130 Zip)		- 4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - I	Non-Deriv	/ativ	e Seci	urities	s Ac	quire	ed, D	isposed o	of, or E	Benefici	ally Ov	vned			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					Execution		´			Acquired (A) or (D) (Instr. 3, 4 and		5) Se Be O	Amount of ecurities eneficially wned Followin	F(6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price	Tr	ansaction(s) astr. 3 and 4)			(11150.4)
Common Stock 07/01/201									S ⁽¹⁾		10,000	D	\$31.52	47 ⁽²⁾	68,796		D	
Common Stock 07/01/201					015				S ⁽¹⁾		10,000	D	\$31.53	18(3)	58,796		D	
		Та	ıble II								posed of, convertib				ed			
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any			ansaction of of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price Derivati Security (Instr. 5	ve derivative Securitie	e s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

1. The sale of 10,000 shares of Common Stock set forth in this row was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.

Code

2. The price reported in this row represents a weighted average price of \$31.5247 per share. These shares were sold in multiple transactions at prices ranging from \$31.02 to \$32.38, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price.

Date

(D)

Expiration

Title

3. The price reported in this row represents a weighted average price of \$31.5318 per share. These shares were sold in multiple transactions at prices ranging from \$31.02 to \$32.37, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price.

Remarks:

/s/ Ralph S. Henderson 07/06/2015

or Number

** 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.