obligations may Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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Check this box if no longer subject to	STATEM
Section 16. Form 4 or Form 5	
obligations may continue. See	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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* FOLETTA MARK G					<u>A1</u>	2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC [AMN]									ck all appli Directo Officer	tionship of Reportir all applicable) Director Officer (give title		10% Ov Other (s	Owner (specify
(Last) 12400 H SUITE 1	IGH BLUF	,	(Middle)	04/	3. Date of Earliest Transaction (Month/Day/Year) 04/17/2020 4. If Amendment, Date of Original Filed (Month/Day/Year)							6 100	below)		Filing	below)	plicable		
(Street) SAN DII			92130 (Zip)		- 4. 11	Amer	namer	ii, Dale C	or Original	riieu	(MOHUI)	ay/ rear)		Line)	Form f	iled by One	Repo	orting Perso	n
		Tab	le I - Nor	ı-Deriv	/ative	Sec	curiti	es Ac	quired,	Dis	posed o	of, or Be	enef	iciall	y Owne	d			
1. Title of Security (Instr. 3)		Date			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 3. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			4 and Securitie Benefici		es For ally (D) Following (I)	Form (D) or	Ownership rm: Direct) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) or (D)		Price	Transaction(s) (Instr. 3 and 4)				(111501.4)
Common	non Stock 04/17/2			7/2020	020		M ⁽¹⁾		2,90	2,907 A \$		\$0.00	11,950			D			
		T	able II -	Deriva (e.g., p	tive S outs,	Secu calls	ıritie s, wa	s Acqı rrants	uired, D , option	ispo s, c	osed of onverti	, or Ber ble sec	efic uriti	ially ies)	Owned				
Derivative Conversion D		3. Transaction Date (Month/Day/Year) 3A. Deem Execution if any (Month/Day	Date,		Transaction of Code (Instr. S) Sc AA (A D of (Instr. S) (Instr. S)		vative urities uired or oosed	Expiration	6. Date Exercisable and Expiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owr Forr Dire or Ir (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Co	Code	v	(A)		Date Exercisabl		xpiration ate	Title	or Nui of	mber ares					
Restricted Stock	(2)	04/17/2020			M			2,907	(3)	T	(4)	Common Stock	2,	907	\$0.00	0		D	

Explanation of Responses:

- $1.\ AMN\ Common\ Stock\ acquired\ on\ the\ vesting\ of\ Restricted\ Stock\ Units\ ("RSUs").$
- 2. The RSUs were granted pursuant to the AMN Healthcare 2017 Equity Plan. Each RSU represents a contingent right to receive one share of AMN Common Stock.
- 3. The RSUs were granted on April 17, 2019 and vest on the earlier of (i) the one year anniversary of the grant date, or (ii) the date of the Company's 2020 Annual Meeting of Shareholders. Accordingly, the number of RSUs identified in this row vested on April 17, 2020.
- 4. RSUs do not have an expiration date.

Remarks:

/s/ Denise L. Jackson, as

Attorney-In-Fact on behalf of 04/21/2020

Mark G. Foletta

** 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.

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