FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

TATEMENT	OF	CHANGES	IN 6	BENEFICIAL	OWNERSHIP

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average I	burden
hours por 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). S

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* STERN ANDREW M				AN	2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC AMN]									k all appli Directo	ctor		10% Ov	vner	
(Last) (First) (Middle) 5916 CLUB OAKS DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 04/17/2019									Officer (give title below)			Other (specify below)			
(Street) DALLAS (City)			75248 (Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Ind Line) X	Form t	dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,			Code (I	ction nstr.	(A) or		str. 3, 4	and	Beneficially Owned Follow Reported		s Form: (D) or ollowing (I) (Ins		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 2. Conversion Date (Month/Day/Year) Price of Derivative Security 3. Transaction Date Executi if any (Month/Day/Year)				ate, T	ransaction ode (Instr.		of		6. Date Exercisable Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		S (I	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				c	Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amou or Numb of Share	er					
Restricted Stock	(1)	04/17/2019			A		2,907		(2)		(3)	Common Stock	2,90)7	\$0.00	2,907		D	

Explanation of Responses:

- 1. 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.
- 2. 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.
- 3. RSUs do not have an expiration date.

Remarks:

/s/ Denise L. Jackson, as
Attorney-In-Fact on behalf of
Andrew M. Stern

O4/19/2019

** 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.