FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERS

OMB APPROVAL

OMB Number: 3235-0287

0.5

SHIP	OMB Number:	32
	Estimated average	e hurden

hours per response:

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

						٠,												
Name and Address of Reporting Person* DREYER DAVID C				2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
				A	_ AHS]								X	Officer (Other (s	
(Last) (First) (Middle)		3	3. Date of Earliest Transaction (Month/Day/Year)								71	below) CFO & CA		R- C Δ	below)			
12400 H	IGH BLUF	F DRIVE		0)9/20/	2004									Crot	X CA	.0	
				4	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) SAN DII	EGO C	A	92130						'	ne) X	Form file	ed by One	rting Person					
				_										ed by More	e than	One Report	ing	
(City)	(5	State)	(Zip)											Person				
		Та	ıble I - Non-D	erivati	ive S	ecuritie	s Ac	quired, D	Disp	osed o	f, or Be	neficia	lly C	Dwned				
Date				2A. Dee Executi if any (Month/		n Date	Transaction Disposed Code (Instr.		ies Acquired (A) or Of (D) (Instr. 3, 4 a		and 5) Securities Beneficia Owned Fe		Form Sollowing (D) of (I) (Ir		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code V Amount		(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)			[nstr. 4)		
			Table II - De (e.ç					uired, Di					y Ov	wned				
Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any		3A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	e v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amoun or Numbe of Shar	.		Transaction (Instr. 4)	on(s)		
Stock Options (Right to	\$11.83	09/20/2004		A		100,000		09/20/2005 ⁽¹⁾	0	9/20/2014	Common Stock	100,0	00	\$11.83	100,00	00	D	

Explanation of Responses:

1. The options to purchase shares of Common Stock were issued pursuant to the AMN Healthcare Services, Inc. Stock Option Plan and become exercisable in four equal installments, for the right to purchase 25,000 shares on each anniversary of the grant in 2005, 2006, 2007, and 2008.

David C Dreyer

09/22/2004

** 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.