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

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT	OF CHANGES	S IN BENEFICIA	L 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

Name and Address of Reporting Person* FOLETTA MARK G					2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC [AMN]										tionship of Reporting all applicable) Director		10% O		wner
(Last) 8840 CY	(Fir	st) (M	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/11/2023									Officer (give title below)			Other (s below)	sресіту
				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(Sta	(Z	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									nded to					
		Table	I - No	on-Deriva	tive S	Secui	rities	Acc	quirec	l, Dis	sposed of	, or E	Benefici	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day			Execution Date,		ate,	3. Transaction Code (Instr. 8)		Acquired (A) or f (D) (Instr. 3, 4 and		nd 5) Securit Benefic		ties cially I Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)	Price		Transa	action(s) 3 and 4)			(Instr. 4)	
Common Stock 04/11/2				04/11/20	023				S ⁽¹⁾		4,989	D	\$84.2	9(2) 9,126		,126	D		
Common Stock 04/11/20			023			S ⁽³⁾		1,053	D	\$84.6	3(4)	8,073		D					
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 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Deemed Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) 4. Transaction Code (Instr. 8) 5. Nun of Deriva Security (A) or Disposo of (D) (Instr. and 5)		vative prities priced r osed) r. 3, 4	Expiration Date (Month/Day/Year) Set Un Det Set 3 a			Amou Secur Under Deriva Secur	Amount of Securities		rice of evative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	or Number of Shares						

Explanation of Responses:

- 1. The sale of 4,989 shares of AMN Common Stock was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 2. The price reported in this row represents a weighted average price of \$84.29 per share. These shares were sold in multiple transactions at prices ranging from \$83.535 to \$84.535, 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.
- 3. The sale of 1,053 shares of AMN Common Stock was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 4. The price reported in this row represents a weighted average price of \$84.63 per share. These shares were sold in multiple transactions at prices ranging from \$84.56 to \$84.76, 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/ Denise L. Jackson, as Attorney-in-Fact on behalf of 04/13/2023 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.

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.