FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL										
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1. Name and Address of Reporting Person [*] <u>MILLER WILLIAM F III</u>		1*	2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
			AHS	Х	Director	10% Owner			
]		Officer (give title	Other (specify			
(Last) 19387 US 19 N	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/26/2006		below)	below)			
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	idual or Joint/Group Filing (Check Applicable			
CLEARWATER	FL	33764		Х	Form filed by One Report	ting Person			
<u>,</u>					Form filed by More than (One Reporting			
(City)	(State)	(Zip)			Person				

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	ount (A) or (D)		Transaction(s) (Instr. 3 and 4)		(1150.4)
Common Stock	05/26/2006		Р		700	A	\$19.85	129,340	D	
Common Stock	05/26/2006		Р		600	A	\$19.87	129,940	D	
Common Stock	05/26/2006		Р		500	A	\$19.88	130,440	D	
Common Stock	05/26/2006		Р		100	A	\$19.89	130,540	D	
Common Stock	05/26/2006		Р		500	A	\$1 <mark>9</mark> .9	131,040	D	
Common Stock	05/26/2006		Р		600	A	\$19.91	131,640	D	
Common Stock	05/26/2006		Р		400	A	\$19.92	132,040	D	
Common Stock	05/26/2006		Р		6,600	A	\$19.95	138,640	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of		Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 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 Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Options (Right to buy)	\$9.68							05/08/2004	05/08/2013	Common Stock	6,000		6,000 ⁽¹⁾	D	
Stock Options (Right to buy)	\$14.94							05/18/2005	05/18/2014	Common Stock	60,000		60,000 ⁽²⁾	D	
Stock Options (Right to buy)	\$22.98							01/17/2003	01/17/2012	Common Stock	9,000		9,000 ⁽³⁾	D	

Explanation of Responses:

1. These options are currently exercisable.

2. The options to purchase shares of Common Stock were granted pursuant to the AMN Healthcare Services, Inc. Stock Option Plan. The shares become vested in three equal installments on the earlier of the first, second and third anniversary of the grant date or the day prior to the Company's Annual Meeting of Stokholders in each of 2005, 2006 and 2007, respectively.

3. The options to purchase shares of Common Stock were granted pursuant to the AMN Healthcare Services, Inc. Stock Option Plan. The shares become vested in five equal installments on the first, second, third, fourth and fifth anniversary of the grant date.

<u>William F Miller III</u>

** Signature of Reporting Person

05/30/2006 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.