FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(h)

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* STERN ANDREW M						2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC [AHS]									c all applic Directo	ionship of Reporting all applicable) Director Officer (give title		g Person(s) to Issuer 10% Owner Other (spec	
(Last) (First) (Middle) C/O SUNWEST COMMUNICATIONS, INC. 2 LINCOLN CENTRE					05/2	3. Date of Earliest Transaction (Month/Day/Year) 05/12/2015									below)			below)	
(Street) DALLAS (City)	TX (Sta	75240 (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	,				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date				2. Transacti Date (Month/Day/		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			Benefic Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common Stock				05/12/2015					M		8,224	A	\$	6	35	,892		D	
Common Stock				05/12/2015					D		1,943	D	\$25.	5.405		,949		D	
Common Stock 05				05/12/2015		;			M		8,224	A	\$8.8	325	42	2,173		D	
Common Stock 05/				05/12/20	05/12/2015				D		2,857 D \$25		\$25.	405	39,316		D		
Common Stock 05/14/				05/14/20	2015				S		5,000	D	\$25.4	331 ⁽¹⁾	34,316			D	
Common Stock 05/14				05/14/20	14/2015				S		6,648	D	\$25.4	4601	27,668			D	
		Ta	able I								sposed of, , convertil				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	Deemed 4. tra		action (Instr.	5. No of Deri Secu Acq (A) (Disp of (E	umber vative urities uired or oosed o) r. 3, 4	6. Da Expir (Mon	te Exe ration I tth/Day	Pricisable and Date (/Year) 7. Title and Amount of Securities Underlying Derivative Secients (Instr. 3 and 4) Amount of Securities (Instr. 3 and 4)		and it of ities ying tive Secu 3 and 4)	8. Price of Derivative Security (Instr. 5)		9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	is illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

\$6

\$8,825

1. The price reported in this row represents a weighted average price of \$25.4331 per share. These shares were sold in multiple transactions at prices ranging from \$25.4201 to \$25.44, 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

(2)

(3)

Stock

Commo

Stock

04/09/2019

04/13/2020

8,224

8 224

- 2. The Stock Appreciation Rights set forth in this row were granted on April 9, 2009 pursuant to the AMN Healthcare Equity Plan. The Stock Appreciation Rights vested on the anniversary of the grant date.
- 3. The Stock Appreciation Rights set forth in this row were granted on April 13, 2010 pursuant to the AMN Healthcare Equity Plan. The Stock Appreciation Rights vested on the anniversary of the grant date.

Remarks:

Stock

Stock

Appreciation Rights

Appreciation Rights

/s/ Brian M. Scott, as Attorney-In-Fact on behalf of Andrew M. 05/14/2015 Stern

** Signature of Reporting Person

8,224

8.224

\$0.00

\$0.00

0

0

D

D

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).

05/12/2015

05/12/2015

** 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.