FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
- 1	Estimated average I	nurden								

0.5

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

1. Name and Address of Reporting Person* <u>Henderson Ralph</u>					<u>A1</u>	2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC AHS									heck all a	pplicable) ector	ctor 10		wner
(Last) (First) (Middle) 12400 HIGH BLUFF DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 06/07/2013									^ be	cer (give title ow) esident, Healthcare		below)		
(Street) SAN DIE (City)	SAN DIEGO CA 92130					4. If Amendment, Date of Original Filed (Month/Day/Year)								ne) X Fo	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/Da					Execution Date,		3. Transaction Code (Instr. b) 8) 4. Securities Acq Disposed Of (D) 5)					nd Sec Ben Owi	5. Amount of Securities Beneficially Owned Following Reported		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount		() or ()	Price	Trai	saction(s) r. 3 and 4)			(Instr. 4)
Common Stock 06				06/07	/2013		S ⁽¹⁾		10,299 D		D	\$1	5	61,273		D			
		Та	ble II - D (e								sed of, onvertib				y Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Conversion Date (Month/Day/Year) pr Exercise (Month/Day/Year) price of Derivative Execution Date, if any (Month/Day/Year)		Date, //Year)		Of Derivation Code (Instr. Securiting Acquire (A) or Dispose of (D) (Instr. 3, and 5)		rative rities ired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		unt ber	8. Price c Derivativ Security (Instr. 5)		, E	O. Ownership Form: Orm: Or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

 $1. \ The sale\ reported\ on\ this\ Form\ 4\ was\ effected\ pursuant\ to\ a\ Rule\ 10b5-1\ trading\ plan\ adopted\ by\ the\ reporting\ person.$

<u>/s/ Ralph Henderson</u> <u>06/10/2013</u>

** Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$

- * 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.