FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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*  JOHNS MICHAEL M E  (Last) (First) (Middle)						2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC AMN									eck all appli X Directo Officei	ationship of Reportir k all applicable) Director Officer (give title below)		10% Ov Other (s below)	vner
12400 HIGH BLUFF DRIVE SUITE 100					3. Date of Earliest Transaction (Month/Day/Year) 04/17/2019														
(Street) SAN DII (City)	SAN DIEGO CA 92130				. 4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									e) X Form Form				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
				2. Transaction Date (Month/Day/Year)		ar)   E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Benefic	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	or	Price	Transac (Instr. 3	ction(s)			, ,,,
Common Stock 02/21/					L/2019	2019			G <sup>(1)</sup>	V	2,75	2,759 D		\$0.00	43	43,659		D	
		T	able II - D (e						ired, Di option						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day	Date,	4. Transaction Code (Instr. B)		of		6. Date Exe Expiration Month/Day	Date		nd 7. Title and Amount of Securities Underlying Derivative Secur (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)	Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisable		xpiration ate	Title	or Nu of	umber					
Restricted Stock	(2)	04/17/2019			A		2,907		(3)		(4)	Common Stock	2	,907	\$0.00	2,907		D	

## **Explanation of Responses:**

- 1. The reporting person transferred 2,759 shares of AMN Common Stock as a gift to charity.
- 2. The RSUs were granted pursuant to the AMN Healthcare 2017 Equity Plan. Each RSU represents a contingent right to receive one share of AMN Common Stock.
- 3. The RSUs were granted on April 17, 2019 and vest on the earlier of (i) the one year anniversary of the grant date, or (ii) the date of the Company's 2020 Annual Meeting of Shareholders.
- 4. RSUs do not have an expiration date.

## Remarks:

/s/ Denise L. Jackson, as 04/19/2019 Attorney-In-Fact on behalf of Michael M.E. Johns, M.D.

\*\* 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.