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**

Vashington,	D.C. 2	20549
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STATEMENT	OF CHANGES IN	N BENEFICIAL	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

1. Name and Address of Reporting Person* <u>Jones Daphne E</u>					Al	2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC [ AMN ]								neck all a	ionship of Reportir all applicable) Director Officer (give title		) Pers	10% Ow	6 Owner	
(Last)	`	irst) (	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/19/2024									ticer (	give title		Other (s below)	pecify	
12400 HIGH BLUFF DRIVE, SUITE 500				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person							
(Street) SAN DII	EGO C.	A !	92130											Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)		Ru	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 to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Trans Date (Month/					2A. Deemed Execution Day/Year) if any (Month/Day/Y		Date	Code (Insti				red (A) or str. 3, 4 an	4 and Securiti Benefic Owned		es Form ially (D) of Following (I) (II		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
										v	Amount	(A) (D)	Price	Tra	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)	
	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)	erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			ransaction of ode (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)			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		xpiration ate	Title	Amount or Number of Shares	nber						
Restricted Stock Units	(1)	04/19/2024			A		3,019		(2)		(3)	Common Stock	3,019	\$0		3,019		D		

## **Explanation of Responses:**

- 1. 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.
- 2. The RSUs identified in this row were granted on April 19, 2024 and vest on the earlier of (i) the one year anniversary of the grant date, or (ii) the date of the Company's Annual Meeting of Shareholders in 2025. At the reporting owner's irrevocable election, the number of RSUs identified in this row will settle on the date of the director's separation from service with the Company
- 3. RSUs do not have an expiration date.

## Remarks:

/s/ Whitney M. Laughlin, as attorney-in-fact on behalf of Daphne E. Jones

04/23/2024

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.