## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES	IN BENEFICIAL	. OWNERSHIP

	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burd	en
l	hours per response:	0.5

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*  Weaver Paul E  (Last) (First) (Middle)  132 LONE TREE FARM ROAD  (Street)  NEW CANAAN CT 06840					3. D	Issuer Name and Ticker or Trading Symbol     AMN HEALTHCARE SERVICES INC     AMN ]  3. Date of Earliest Transaction (Month/Day/Year)     11/29/2017  4. If Amendment, Date of Original Filed (Month/Day/Year)								S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner Officer (give title below)      6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(St	ate) (2	Zip)			Person												
		Tabl	e I - N	on-Deri\	/ative	Sec	uritie	s Ac	quire	d, Di	sposed o	f, or E	Benefic	ially	Owne	ed		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/					Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Disposed Of					nd 5) Secur Benef		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										v	Amount	(A) or (D)	Price		Trans	action(s) 3 and 4)		(,
Common Stock 11/29/20					2017	17			S		8,743	D	\$50.2	275 <sup>(1)</sup>	3	37,226	D	
Common Stock 11/29/20					2017	)17		S		1,257	D	\$50	.25	35,969		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)	if any	emed ion Date, /Day/Year)	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/\)		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deriv Secu (Inst	ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	or Number of Shares					

## **Explanation of Responses:**

1. The price reported in this row represents a weighted average price of \$50.275 per share. These shares were sold in multiple transactions at prices ranging from \$50.25 to \$50.30, 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 separate price.

## Remarks:

/s/ Denise L. Jackson, as
Attorney-In-Fact, on behalf of 12/01/2017
Paul E. Weaver

\*\* 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.