FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APF	ROVAL

l	OMB Number:	3235-0287							
Estimated average burden									
l	hours por rosponso:	0.1							

#### 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

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*  WHEAT DOUGLAS D					<u>Al</u>	2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC [ AMN ]								5. Relationship of Reporting (Check all applicable) X Director Officer (give title				10% Ov	ner
(Last) (First) (Middle) 180 STATE STREET SUITE 230				04/	3. Date of Earliest Transaction (Month/Day/Year) 04/22/2020									below)		Filing	Other (s below)		
(Street) SOUTHLAKE TX 76092				4.11	4. If Amendment, Date of Original Filed (Month/Day/Year)							Lir	Individual or Joint/Group Filing (Check Applicable le)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					1	
(Oity)	(City) (State) (Zip)  Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				action	ction 2A. Deemed Execution Date,			3. 4. Securities Acquired (A Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)			ed (A) or	5. Amou Securiti Benefici Owned		nt of s ally following	Form (D) or	Form: Direct	7. Nature of Indirect Beneficial Ownership		
						Code V Amount			(A) or (D)	Price		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	Code (Ins				6. Date Exer Expiration D (Month/Day/		7. Title and Amount of Securities Underlying Derivative (Instr. 3 and	f g Security	8. Pric Deriva Securi (Instr.		ive derivative y Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		piration ate	Title	Amount or Number of Shares						
Restricted Stock Units	(1)	04/22/2020			A		2,826		(2)		(3)	Common Stock	2,826		\$0.00	2,826		D	

#### Explanation of Responses:

- 1. The Restricted Stock Units identified in this row were granted pursuant to the AMN Healthcare 2017 Equity Plan. Each Restricted Stock Unit represents a contingent right to receive one share of AMN
- 2. The Restricted Stock Units identified in this row were granted on April 22, 2020 and vest on the earlier of (i) the one year anniversary of the grant date, or (ii) the date of the Company's 2021 Annual Meeting of Shareholders.
- 3. Restricted Stock Units do not have an expiration date.

### Remarks:

/s/ Denise L. Jackson, as attorney-in-fact on behalf of

04/24/2020

Douglas D. Wheat

\*\* 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.