FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL											
	OMB Number:	3235-0287										
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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

Name and Address of Reporting Person* Weaver Paul E							2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC [AHS]								of Reportinable) r (give title	10% Owner Other (specify		vner	
(Last) (First) (Middle) 132 LONE TREE FARM ROAD						3. Date of Earliest Transaction (Month/Day/Year) 04/22/2015								below)	(give title		below)	specify	
(Street) NEW CANAAN CT 06840 (City) (State) (Zip)					4. li	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(0.5)	(0			Doriv	, otiv		ouriti.	aa Aaa	uirad	Dia	nacad at	e or Bor	noficial!	v Owned					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					action	ction 2A. Deemed Execution Date,			3. 4. Securiti Disposed Code (Instr.			es Acquire Of (D) (Inst	d (A) or	5. Amour	s illy ollowing	Form (D) o	: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	(A) or (D)	Price	Transact	Transaction(s) (Instr. 3 and 4)			(111511.4)	
Common Stock 04/22/2						/2015		M ⁽¹⁾		10,490 A		\$0.0	71,	71,248		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)	3A. Deemed Execution Dat if any (Month/Day/Yo	Co	ansac ode (Ir	5. Num Derivat Securit Acquir or Disp of (D) (4 and 5		tive ties red (A) posed (Instr. 3,	6. Date Exercisable and Expiration Date (Month/Day/Year)		te	7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ect (Instr. 4)	
				Co	ode	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares		Transacti (Instr. 4)	ion(s)			
Restricted Stock Units	(2)	04/22/2015		1	М			10,490	(3)		(4)	Common Stock	10,490	\$0.00	0		D		
Restricted												Common							

Explanation of Responses:

1. Common Stock acquired on the vesting of Restricted Stock Units.

04/22/2015

- 2. The Restricted Stock Units were granted pursuant to the AMN Healthcare Equity Plan. Each Restricted Stock Unit represents a contingent right to receive one share of Common Stock.
- 3. The Restricted Stock Units identified in this row were granted on April 23, 2014 and vest on the earlier of (i) the first anniversary of the grant date or (ii) the date of the Company's 2015 Annual Meeting of Stockholders. The Company's 2015 Annual Meeting of Stockholders was held on April 22, 2015. Accordingly, the number of Restricted Stock Units identified in this row (i.e., 10,490) vested on April 22, 2015.
- 4. Restricted Stock Units do not have an expiration date.
- 5. The Restricted Stock Units identified in this row were granted on April 22, 2015 and vest on the earlier of (i) the one year anniversary of the grant date or (ii) the date of the Company's 2016 Annual Meeting of Stockholders.

Remarks:

Stock

Units

/s/ Denise L. Jackson, as 04/24/2015 Attorney-In-Fact on behalf of Paul E. Weaver

** Signature of Reporting Person

5,532

\$0.00

5 532

D

Common

Stock

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.