FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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OMB APPROVAL 3235-0287 OMB Number:

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 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

1. Name and Address of Reporting Person*  Marsh Martha H.  (Last) (First) (Middle)  9769 WEXFORD CIRCLE				AM AM 3. D	2. Issuer Name and Ticker or Trading Symbol     AMN HEALTHCARE SERVICES INC [     AMN ]      3. Date of Earliest Transaction (Month/Day/Year)								neck all X C	applic irecto	cable) or (give title	g Pers	10% Ov Other (s below)	vner
(Street)	TE BAY CA	A !	95746 (Zip)		04/22/2020  4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Lin	e) <mark>X</mark> F F	′					
1. Title of Security (Instr. 3) 2. Tran				Transaction	Execution Date,			3. Transacti Code (Ins	ion str.	4. Securi	ities Acquir d Of (D) (In:	red (A) or str. 3, 4 an	5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (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 Date, if any (Month/Day/Year)	Code (	Transaction Code (Instr. I)		of Ex		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Pric Deriva Securi (Instr.		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ive ies sially ng ed ction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Exp Dat	oiration te	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

Martha H. Marsh

\*\* Signature of Reporting Person

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.