S	EC Form 4 FORM 4	UNITED STATES SECURITIES AND EXCHANGE COMMISSION	
		Washington, D.C. 20549	OMB APPROVAL
	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	OMB Number: 3235- Estimated average burden hours per response:
		or Section 30(h) of the Investment Company Act of 1940	

			or Section 30(h) of the Investment Company Act of 1940						
1. Name and Address of Reporting Person [*] Jones Daphne E			2. Issuer Name and Ticker or Trading Symbol <u>AMN HEALTHCARE SERVICES INC</u> [AMN]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) C/O AMN HEA	(First)	(Middle) SERVICES, INC.	3. Date of Earliest Transaction (Month/Day/Year) 04/21/2023	1	Officer (give title below)	Other (specify below)			
12400 HIGH BLUFF DRIVE, SUITE 100			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	6. Individual or Joint/Group Filing (Check Appl Line)				
			—	X	Form filed by One Reporting Person				
(Street) SAN DIEGO	CA	92130			Form filed by More that Person	an One Reporting			
(City)	(State)	(Zip)	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-Dei	ivative Securities Acquired, Disposed of, or Bene	ficially	Owned				

1. Title of Security (Instr. 3)	2. Transaction Date	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (ction	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	04/21/2023		M ⁽¹⁾		1,458	Α	\$0.00	8,799	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 3. Transaction Date 1. Title of 3A. Deemed Execution Date, 5. Number 6. Date Exercisable and 7. Title and 9. Number of 11. Nature 8. Price of 10. 2. Conversion Transaction Code (Instr. Derivative Derivative Ownership Expiration Date Amount of derivative of Indirect (Month/Day/Year) or Exercise Price of Derivative Security (Instr. 3) if any (Month/Day/Year) Derivative (Month/Day/Year) Securities Security (Instr. 5) Securities Form: Beneficial Derivative Securities Acquired (A) or Disposed of (D) Direct (D) or Indirect (I) (Instr. 4) Underlying Derivative Security 8) Beneficially Ownership (Instr. 4) Owned Security (Instr. 3 and 4) Following Reported Transaction(s) (Instr. 3, 4 and 5) (Instr. 4) Amount Number Date Expiration Date of Code ν (A) (D) Exercisable Title Shares Restricted Comm 04/21/2023 Μ 1.458 (3) (4) 1,458 \$0.00 0 D Stock Stock Units

Explanation of Responses:

1. AMN Common Stock acquired on the vesting of Restricted Stock Units ("RSUs").

2. 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.

3. The RSUs identified in this row were granted on April 21, 2022 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 2023, which will be held on May 17, 2023. Accordingly, the number of RSUs identified in this row vested on April 21, 2023.

4. RSUs do not have an expiration date.

Remarks:

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

04/25/2023

3235-0287

0.5

** 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.