FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
	OMB Number:	3235-0287									
l	Estimated average burden										
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

					_								-						
	d Address of SUSAN		2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u>OTTLIT</u>	AM	AMN]								X	Direc	ctor	10%	Owner					
(Last)	<u> </u>	-								X Offi		er (give title w)	Othe belo	er (specify w)					
` '		3. Date of Earliest Transaction (Month/Day/Year)										President	t and CEO						
8840 CYPRESS WATERS BLVD., SUITE 300							01/11/2018												
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
COPPELL TX 75019												l'	,	X Form filed by One Reporting Person					
COTTEDE III 75015												21	Form filed by More than One Reporting						
(City) (State) (Zip)															Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
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1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yé						Execution Date,		3. 4. Securities Acquired (A) or Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 3, 4 a					nd 5) S		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership		
					Code	v	Amount	(A) or (D)	Price			rted action(s) 3 and 4)		(Instr. 4)					
Common	018	.8			S ⁽¹⁾		78,400	D	\$49.30)16 ⁽²⁾	2	22,168	D						
Common Stock 01/12/201						18		S ⁽³⁾	П	16,819	D	\$49.60	9.6021(4)		05,349	D			
		Ta	ble II	- Derivat	ive S	ecuri	ties	Aca	uired	. Dist	osed of,	or Bei	neficial	lv Ov	vned				
											convertib								
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	tion Date,	4. Transa Code (8)			ative rities ired osed	Expir	te Exer ration D th/Day/			nt of ties ying tive	8. Price Derivati Security (Instr. 5)		tive derivative ty Securities	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. The sale of 78,400 shares of Common Stock reported in this row was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 2. The price reported in this row represents a weighted average price of \$49.3016 per share. These shares were sold in multiple transactions at prices ranging from \$48.80 to \$49.70, 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.
- 3. The sale of 16,819 shares of Common Stock reported in this row was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 4. The price reported in this row represents a weighted average price of \$49.6021 per share. These shares were sold in multiple transactions at prices ranging from \$49.05 to \$49.90, 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:

<u>/s/ Susan R. Salka</u> <u>01/16/2017</u>

** 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.