FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Was	hing	ton,	D.C.	20549	

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL OMB Number: 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* Scott Brian M.					<u>A1</u>	AMN HEALTHCARE SERVICES INC [AHS]								(Ch	eck all ap Dire	ctor er (give title	1 (, 0% O	wner (specify
(Last) (First) (Middle) 12400 HIGH BLUFF DRIVE, SUITE 100					3. Date of Earliest Transaction (Month/Day/Year) 08/06/2013								belo	,)/CAO	elow)			
Street) SAN DIEGO CA 92130 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	e) <mark>X</mark> Forr Forr	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - Non	-Deriv	ative	Sec	curitie	s Ac	quired,	Dis	posed o	f, or E	Bene	ficial	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transp Date (Month/L						Execution Date,		3. Transaction Disposed Code (Instr. 8) 4. Securit Disposed 5)					Secur Benef	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A (D	or	Price	Trans	action(s) 3 and 4)			(IIISU. 4)
Common	Stock			08/06	5/2013	2013		S ⁽¹⁾		1,958	D \$15.9		17,029		D				
		Та	ıble II - D								sed of, onvertib				Owned				
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/Yea	Date,	4. Transaction Code (Instr 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		tr. 3	8. Price of Derivative Security Instr. 5)		Owner Form: Direct or Indi (I) (Ins	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Num of Shar						

Explanation of Responses:

1. The sale reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.

/s/ Brian M. Scott 08/07/2013

** 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.