FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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* Henderson Ralph (Last) (First) (Middle) 12400 HIGH BLUFF DRIVE							Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC [AHS] 3. Date of Earliest Transaction (Month/Day/Year) 05/11/2012										o all appl Direct Office below Pres	icable) or r (give title) ident, Nur	rse S	2 Person(s) to Issuer 10% Owner Other (specify below) Staffing Div.	
(Street) SAN DII (City)		tate) (4. If Amendment, Date of Original Filed (Month/Day/Year)										ine) X	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction 2. Deemed 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature															7 Noture						
Date							Execution Date, if any (Month/Day/Year)		,	Transaction D		Dispose	sposed Of (D) (Instr. 3, 4				Securiti Benefic	es For ially (D) Following (I) (n: Direct or Indirect nstr. 4)	of Indirect Beneficial Ownership (Instr. 4)
									[Code	v	Amount	:	(A) or (D)	Price		Transac	action(s) 3 and 4)			(iiisti. 4)
Common Stock 05/11/						12			M		7 22	2	A	\$	0	75	5,370		D		
Common Stock 05/11/					/2012	/2012				F ⁽¹⁾		264		D	\$7.	04	75,106			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. Deeme Execution if any (Month/Da	Date,	4. Transac Code (Ir 8)		ı of l		Expi	ate Exer iration D nth/Day/	ate		Amor Secu Unde Deriv	7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		De Se (In:	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exe	e rcisable	Ex Da	piration te	Title	N C	Amount or Number of Shares						
Restricted Stock Units	(2)	05/11/2012			M ⁽³⁾			722		(4)		(5)	Comi		722		\$0	0		D	

Explanation of Responses:

- 1. Number of shares withheld for tax purposes.
- 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. Common Stock acquired on the vesting of Restricted Stock Units.
- 4. The Restricted Stock Units were granted on May 11, 2009 and vest in the incremental amount of 33% on the first anniversary of the grant; 34% on the second anniversary of the grant; and 33% on the third anniversary of the grant.
- 5. Restricted Stock Units do not have an expiration date.

/s/ Ralph Henderson

** Signature of Reporting Person Date

05/11/2012

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.