FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL |
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| Check this box if no longer subject to |
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| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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|---|---|---|---|----------|---|--|---------|---------|---|---------|---|--------------|-----------------------------------|--------------------------------------|---|--|--|---|--|
| 1. Name an SALKA | <u>A1</u> | 2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC AHS | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | | | |
| (Last) 12400 HI | 3. D | 3. Date of Earliest Transaction (Month/Day/Year) 01/05/2015 | | | | | | | | | Offic belov | , | Other (specify below) | | | | | | |
| (Street) SAN DIEGO CA 92130 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Forn Forn | idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tabl | e I - N | on-Deriv | ative | Sec | uritie | s Ac | quired | d, Di | sposed o | f, or E | ene | icially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/ | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) | | | | | | 5. Amount of Securities Beneficially Owned Followin Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | v | Amount | (A) o (D) | r Pri | ce | Trans | action(s) 3 and 4) | | (111501.4) | |
| Common | Stock | 2015 | 15 | | | A ⁽¹⁾ | | 213,385 | A | | \$ <mark>0</mark> | 5 | 04,968 | D | | | | | |
| Common | 2015 |)15 | | | F ⁽²⁾ | | 108,929 | D | \$1 | 9.4525 | 3 | 96,039 | D | | | | | | |
| | | Та | ble II | | | | | | | | osed of, c | | | | wned | | | | |
| 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) | | 4. Transaction Code (Instr. 8) | | | | 6. Date Expirat (Month | tion Da | | | Deri Sec (Ins | rice of vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amou or Numb of Share | er | | | | | |

Explanation of Responses:

1. The acquisition of common stock set forth in this row resulted from the vesting of a performance restricted stock unit ("PRSU") award granted by the Company on April 20, 2012. The ultimate number of PRSUs that could have been earned and vested under this award depended on (1) the total shareholder return for the Company relative to the companies in the Russell 2000 Index as of March 30, 2012 for the performance period beginning on April 1, 2012 and ended December 31, 2014 ("Relative TSR") and (2) whether the Company's absolute total shareholder return for the same period was positive or negative (collectively, the "TSR Measurement"). The Compensation Committee performed the TSR Measurement for this award on January 5, 2015. The Company's Relative TSR measured in the 97th percentile and its absolute total shareholder return for the period was positive. Based on these results, the maximum amount of PRSUs for this award, were deemed earned and vested.

2. Number of shares withheld for tax purposes.

/s/ Susan R. Salka 01/07/2015

** 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.