FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washing

washington, D.C. 20049	OMB APP	ROVAL
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-

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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

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Name and Address of Reporting Person* HARRIS R JEFFREY				2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
HARRIS R JEFFRE I				IS]							X Directo	r		10% Ow	ner			
(Last) (First) (Middle)				<u> </u>							_	Officer below)	(give title		Other (specifically below)	pecify		
(Last) (First) (Middle) 18235 W. BURLEIGH RD.					Date of 124/20		Trans	saction (Mont	:h/Day/`	Year)								
(Street)				4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
BROOKFIELD WI 53045												X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(S	tate)	(Zip)									Persor		, tritari	One report	9		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,			Code (Instr. 5)				ed (A) or tr. 3, 4 and	5. Amou Securitie Benefici Owned F Reported	es For ally (D) Following (I) (Form:	Direct Conditions of the condi	7. Nature of Indirect Beneficial Ownership		
								Code V	An	mount	(A) or (D)	Price	Transact (Instr. 3	tion(s)			(Instr. 4)	
	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. Deemed Execution D if any (Month/Day/	Date,	4. Transa Code (I B)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersl Form: Direct (E or Indire (I) (Instr.	Ownership	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expir Date	ration	Title	Amount or Number of Shares					
Restricted Stock Units	(1)	04/24/2013			A		10,015		(2)	(3	(3)	Common Stock	10,015	\$0	10,015		D	

Explanation of Responses:

- 1. 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.
- 2. The Restricted Stock Units identified in this row were granted on April 24, 2013 and vest on the earlier of (i) April 24, 2014 or (ii) the date of the Company's 2014 Annual Meeting of Stockholders.
- 3. Restricted Stock Units do not have an expiration date.

/s/ Denise L. Jackson, as attorney-in-fact on behalf of R. 04/25/2013 Jeffrey Harris

** 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.