FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL
- 1	

3235-0287 OMB Number: Estimated average burden 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)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>STERN ANDREW M</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)				
					AF								X Directo	r	10% Ov	vner	
(Last) (First) (Middle)													Officer below)	(give title	Other (s	specify	
C/O SUNWEST COMMUNICATIONS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 04/24/2013							,		,		
2 LINCOLN CENTRE					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable				
(Street)						,							Line) X Form filed by One Reporting Person				
DALLAS	S TZ	K	75240										Form fi	led by More tha	•		
(City)	(Si	ate)	(Zip)										Persor				
		Tab	le I - Non	-Deriv	ative	e Se	curities	s Ac	quired, Di	sposed o	of, or Be	neficial	ly Owned	1			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						ar) E	2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr. 5)					es For ally (D) collowing (I) (m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code V	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(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 Day if any (Month/Day/	I 4	4. Transa Code (I 8)	ction	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 Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Restricted Stock Units	(1)	04/24/2013			A		10,015		(2)	(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. At the reporting person's irrevocable election, the Restricted Stock Units settle on the date of the director's termination of service with the Company.
- 3. Restricted Stock Units do not have an expiration date.

/s/ Denise L. Jackson, as

attorney-in-fact on behalf of 04/25/2013 Andrew M. Stern

** 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.