## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 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)

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 JOHNS	AM	2. Issuer Name <b>and</b> Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC AHS									Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner						
(Last)	st) (First) (Middle) 6 CONWAY GLEN DR. N.W			3. Date of Earliest Transaction (Month/Day/Year) 04/09/2009								$\dashv$	Officer (give title below)  Other (specify below)				pecify
(Street) ATLANTA GA 30327				4. If .	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person				
(City)	(Sta	, ,	(ip)	<u> </u>								<u>.</u> .					
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transa Date (Month/D					2A Ex r) if a	. Dee		3. Transacti Code (Ins	4. ion Dis	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amou Securitie Benefici	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	/ An	nount	(A) or (D) Pr		Transact (Instr. 3	ion(s)			(
		Ta	able II - Deriva (e.g., ¡					uired, Dis , options					y 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/Year)	4. Transactio Code (Inst				6. Date Exercisable Expiration Date (Month/Day/Year)		and	d 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		ly C	LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable		ration	Title	Amoun or Numbe of Shares	r				
Restricted Stock Units	(1)	04/09/2009		A			9,563	(4)		3)	Common Stock	9,563	(1)	9,563		D	
Stock Appreciation Rights	\$6	04/09/2009		A			8,224	(5)	04/09	9/2019	Common Stock	8,224	\$6	8,224		D	
Restricted Stock Units	(1)							(2)		3)	Common Stock	1,984		1,984		D	
Stock Appreciation	\$8.21							12/23/2009	12/23	3/2018	Common Stock	1,706	;	1,706		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 were granted on December 23, 2008 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. The Restricted Stock Units settle on the date of the director's termination of service with the Company.
- 3. The Restricted Stock Units do not have an expiration date.
- 4. The Restricted Stock Units were granted on April 9, 2009 and vest in the incremental amount of 33% on the earlier of (i) April 9, 2010 or (ii) the date of the Company's 2010 Annual Meeting of Stockholders; 34% on the earlier of (i) April 9, 2011 or (ii) the date of the Company's 2011 Annual Meeting of Stockholders; and 33% on the earlier of (i) April 9, 2012 or (ii) the date of the Company's 2012 Annual Meeting of Stockholders. The Restricted Stock Units settle on the date of the director's termination of service with the Company.
- 5. The Stock Appreciation Rights were granted on April 9, 2009 and vest on the earlier of (i) April 9, 2010 or (ii) the date of the Company's 2010 Annual Meeting of Stockholders.

Michael M E Johns

04/09/2009

Date

\*\* Signature of Reporting Person

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.

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