Edgar Filing: FOLETTA MARK G - Form 4

FOLETTA MARI Form 4						
FORM 4		SECURITIES AND EXCHANGE C Washington, D.C. 20549	COMMISSION	OMB APPROVAL OMB 3235-0287 Number:		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	STATEMENT OF Filed pursuant to S Section 17(a) of the I 30(h)	Expires: January 31, 2005 Estimated average burden hours per response 0.5				
(Print or Type Respon	ises)					
1. Name and Address FOLETTA MAR	s of Reporting Person <u>*</u> RK G	2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC [AMN]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (1 12400 HIGH BL) DRIVE, SUITE 1		3. Date of Earliest Transaction (Month/Day/Year) 11/27/2017	X Director Officer (give tit below)	tle Other (specify below)		
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
SAN DIEGO, CA			Person	re than One Reporting		
1.Title of 2. Tr Security (Mor (Instr. 3)	State) (Zip) ransaction Date 2A. Deen nth/Day/Year) Execution any (Month/E	n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8) (A) or Code V Amount (D) Price	5. Amount of Securities H Beneficially (Owned H	6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)		
Common 11/2 Stock	27/2017	S 2,500 D ^{\$} 47.03	3,525 I	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Reporting Owners

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Under Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	' (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
Reporting o wher runte / runtess	Director	10% Owner	Officer	Other		
FOLETTA MARK G 12400 HIGH BLUFF DRIVE SUITE 100 SAN DIEGO, CA 92130	Х					
Signatures						
/s/ Denise L. Jackson, as Attorney-In-Fact on behalf of Mark G. Foletta						11/28/2017

**Signature of Reporting Person

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Date