Edgar Filing: AMN HEALTHCARE SERVICES INC - Form 4

AMN HEALTHCARE SERVICES INC

Form 4 April 14, 2011

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287 January 31,

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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response...

Form 4 or Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

GOLDMAN SACHS GROUP INC Sym AM			2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC [AHS]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last) 200 WEST S		(Month/D	3. Date of Earliest Transaction (Month/Day/Year) 04/12/2011			Director Officer (girell) below)	ve titleOth below)	% Owner ner (specify	
NEW YORI		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person _X_ Form filed by More than One Reporting Person			
(City)	(State)	Zip) Tabl	e I - Non-D	erivative S	Secur	ities Ac	quired, Disposed	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3,	l (A) d l of (E))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	04/12/2011		M	2,071	A	$\begin{array}{c} \$ \ 0 \\ \frac{(3)}{(4)} \end{array}$	3,042,709	I	See footnotes

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.

(4)

SEC 1474 (9-02)

(1) (2) (3) (4)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number 6. Date Exercisable and Expiration Transaction Derivative Date Code Securities (Month/Day/Year) (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4,		7. Title and Amour Underlying Securit (Instr. 3 and 4)			
				Code V	and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Shar
Restricted Stock Units	\$ 0 (3) (4)	04/12/2011		M	2,071	04/12/2011(4)	04/12/2011(4)	Common Stock (4)	2,0

Relationships

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
GOLDMAN SACHS GROUP INC 200 WEST STREET NEW YORK, NY 10282		X					
GOLDMAN SACHS & CO 200 WEST STREET NEW YORK, NY 10282	X						
GSUIG, L.L.C. 200 WEST STREET NEW YORK, NY 10282	X						
Signatures							
/s/ Kevin P. Treanor, Attorney-in-fact	04/14/2011						
**Signature of Reporting Person		Date					
/s/ Kevin P. Treanor, Attorney-in-fact	04,	/14/2011					
**Signature of Reporting Person		Date					
/s/ Kevin P. Treanor, Attorney-in-fact	04,	/14/2011					
**Signature of Reporting Person		Date					

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).

(1) See Exhibit 99.1.

Reporting Owners 2

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- (2) See Exhibit 99.1.
- (3) See Exhibit 99.1.
- (4) See Exhibit 99.1.

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.