## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washin

Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-02		

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1	hours ner resnonse.	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 Address of Reporting Person*  HWP NIGHTINGALE II LP					AN	2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC AHS									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title V Other (specify					
(Last) (First) (Middle) C/O HAAS WHEAT & PARTNERS LP 300 CRESCENT COURT, SUITE 1700						3. Date of Earliest Transaction (Month/Day/Year) 04/22/2005									Officer (give title below)  See "Explanation of Responses"					
(Street) DALLAS (City)	S T>	ζ 7	75201 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Date					Execution Date,		3. 4. Securition Disposed (Societies) 5)		ies Acquired (A) o Of (D) (Instr. 3, 4			and Securit Benefic		es ially Following	Forr (D)	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount		(A) or (D)	Price	Tranca		ction(s)			(111501.4)	
Common Stock, par value \$0.01 per share 04/22/2					2005		S		295,528 D		D	\$1	4 1,366,020		56,020		I	See footnote <sup>(1)</sup>		
		Та	ble II - De								osed of, onvertib				y Oı	wned		,		
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		Date, 1		sansaction de (Instr.  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. and 4)			Deri Seci	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Di	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nui of	ount mber ares						

## **Explanation of Responses:**

1. The Reporting Person is the general partner of HWP Nightingale Partners II, L.P. and may be deemed to beneficially own the securities held by such person. The Reporting Person disclaims beneficial ownership of such securities in excess of its direct or indirect interest in the profits or capital accounts of HWP Nightingale Partners II, L.P. and this report shall not be deemed an admission that the Reporting Person is the beneficial owner of these securities in excess of such amount.

The Reporting Person may be deemed a member of a Section 13(d) group that owns more than 10% of the Issuer's outstanding Common Stock. However, the Reporting Person disclaims such group membership, and this report shall not be deemed an admission that the Reporting Person is a member of a Section 13(d) group that owns more than 10% of the Issuer's outstanding Common Stock for purposes of Section 16 or for any other purpose. HWP NIGHTINGALE II, L.P. By: HWP Nightingale II, LLC, its General Partner By: /s/ Robert B. Haas, Managing Member

/s/ Robert B. Haas, Managing 04/26/2005 Member

\*\* 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.