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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL

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1. Name and Addres <u>HWH INC</u>	ss of Reporting Perso	n*	2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
			AHS]		Director	Х	10% Owner		
(Last) (First) (Middle)		(Middle)			Officer (give title below)		Other (specify below)		
C/O HAAS WH	EAT & PARTNER	S LP	3. Date of Earliest Transaction (Month/Day/Year) 10/16/2003						
300 CRESCENT COURT, SUITE 1700			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi Line)	dividual or Joint/Group Filing (Check Applicable				
(Street) DALLAS TX 75201				X	X Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(State)	(Zip)			Person				

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(11311.4)
Common Stock, par value \$0.01 per share	10/16/2003		S		2,201,437	D	\$ <mark>18</mark>	6,012,136	Ι	(1)

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

	7			1				1				-		-				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date,	Transaction of Expiration D Code (Instr. Derivative (Month/Day				Expiration Date Amount (Month/Day/Year) Securitie Underlyi Derivativ			Expiration Date Amoun (Month/Day/Year) Securi Under Deriva Securi			nt of ties lying tive ty (Instr. 3	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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

Remarks:

(1) The Reporting Person is the general partner of HWH, L.P., which is the general partner of HWH Capital Partners, L.P., and may be deemed to beneficially own the securities held by HWH Capital Partners, L.P. The Reporting Person disclaims beneficial ownership of such securities in excess of its direct or indirect interest in the profits or capital accounts of HWH, L. P. or HWH Capital Partners, 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.

> 10/20/2003 Douglas D. Wheat, President

** 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.