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U.S. SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(f) of the Investment Company Act of 1940

[_] Check box if no longer may continue. See Instr		L6. Form 4 or	Form 5 obligation	ns				
(Print or Type responses)	uccion i(b).							
1. Name and Address of Rep	orting Person*							
HWH Nightingale, L.P.								
(Last)	(First)		le)		-			
c/o Haas Wheat & Partne								
	(Street)		=					
Dallas	Texas	75201						
(City)	(State)	(Zip			-			
2. Issuer Name and Ticker	or Trading Symbol							
AMN Healthcare Services	, Inc. ("AHS")							
3. IRS Identification Numb	er of Reporting Pers	son, if an Ent	ity (Voluntary)					
4. Statement for Month/Yea	ır							
5/2002								
5. If Amendment, Date of C	Priginal (Month/Year)							
6. Relationship of Reporti (Check all applicable) [_] Director [_] Officer (give titl	ng Person to Issuer	[X] 10% Owner _] Other (sp						
7. Individual or Joint/Gro	oup Filing (Check app	olicable line)						
<pre>[X] Form filed by one [_] Form filed by more</pre>		Person						
TABLE I NON-DE	RIVATIVE SECURITIES OR BENEFICIALLY OWN	ACQUIRED, DIS	POSED OF,					
	2.	3. Transaction Code	4. Securities Acqu Disposed of (D) (Instr. 3, 4 ar	nd 5)		5. Amount of Securities Beneficially Owned at End	6. Owner- ship Form: Direct (D) or	7. Nature of Indirect
1. Title of Security (Instr. 3)	Transaction Date (mm/dd/yy)	(Instr. 8) Code V		(A) or (D)	Price	of Month	Indirect (I)	Beneficial Ownership (Instr. 4)
Common Stock, par value \$0.01 per share	5/22/2002	3,122,236	D	\$31.00	6,296,077	I	(1)	

owned directly or indirectly.

If the Form is filed by more than one Reporting Person, see Instruction 4(b)(v).

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 CONTROL NUMBER.

(0ver) SEC 1474 (3/99)

FORM 4 (CONTINUED)

TABLE II -- DERIVATIVE SECURITIES ACQUIRED, DISPOSED OF, OR BENEFICIALLY OWNED (E.G., PUTS, CALLS, WARRANTS, OPTIONS, CONVERTIBLE SECURITIES)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans- action Date (Month/ Day/ Year)	4. Trans- action Code (Instr. 8)	5. Number of Derivat. Securit. Acquire or Disprof(D) (Instr. 4 and 5	ive ies d (A) osed 3,	on Date Day/Year)	7. Title and of Underl Securitie (Instr. 3	ying es B and 4)	8. Price of Deriv- ative Secur- ity (Instr. 5)	9. Number of Deriv- ative Secur- ities Bene- ficially Owned at End of Month (Instr. 4)	10. Owner- ship Form of Deriv- ative Secur- ity: Direct (D) or In- direct (I) (Instr. 4)	11. Nature of In- direct Bene- ficial Owner- ship (Instr. 4)
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Explanation of Responses:

(1) The Reporting Person is the general partner of HWH Nightingale Partners, 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 HWH Nightingale 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.

HWH NIGHTINGALE, L.P.

By: HWH NIGHTINGALE, L.L.C., its General Partner

/s/ Robert Haas June 10, 2002

**Signature of Reporting Person Date

Name: Robert Haas Title: Managing Member

** 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 provided 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 control number.