## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	OVAL						
	OMB Number:	3235-0287						
l	Estimated average burden							
l	hours per response:	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*  HAAS ROBERT B						2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC [ AHS ]											X 10	to Issuer  Owner  ther (specify
(Last) C/O HAA 300 CRE	04/	3. Date of Earliest Transaction (Month/Day/Year) 04/22/2005									elow)		b	elow)				
(Street) DALLAS TX 75201  (City) (State) (Zip)					_   4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person				
(City)	(30	,	(Zip)     e   -   N	lon-Deriv	vative	Sec	uritie	ς Δι	rauire	-d D	isposed o	f or F	Renefic	ially Ow	ned			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/				ion	2A. Deemed Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) o	Price		ction(s)			(Instr. 4)
Common Stock, par value \$0.01 per share ("Common Stock") 04/22/20						05			S		1,069,336	D	\$14	4,9	42,800	I		See footnotes <sup>(1)(2)</sup>
Common Stock 04/22/20						)5			S		819,695	D	\$14	3,7	88,880	880 I		See footnotes <sup>(1)(3)</sup>
Common Stock 04/22/20					005	05			S		295,528	D	\$14	1,3	1,366,020		I	See footnotes <sup>(1)(4)</sup>
Common Stock 04/22/20					005	05			S		115,441	D	\$14	53	533,603		I	See footnotes <sup>(1)(5)</sup>
		Та	able II								posed of, convertib				ed			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any			action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exe Expiration I (Month/Day			7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4)		8. Price Derivati Security (Instr. 5)	derivat Securit Benefic Owned Follow Report	ive ties cially ing ed ction(s)	10. Owners Form: Direct ( or Indir (I) (Inst	Beneficial Ownership ect (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares					

## **Explanation of Responses:**

1. The sole general partner of HWH Capital Partners, L.P. ("HWH Capital"), HWH Nightingale Partners, L.P. ("HWH Nightingale"), HWP Nightingale Partners II, L.P. ("HWP Nightingale") and HWP Capital Partners II, L.P. ("HWP Capital" and, together with HWH Capital, HWH Nightingale and HWP Nightingale, the "Funds") is either a limited liability company or a corporation, in each case controlled by Mr. Haas. By virtue of his control over each such limited liability company and corporation, Mr. Haas has indirect ownership of 10,631,303 shares. Mr. Haas's pecuniary interest in these shares is limited to his percentage interest in the Funds' interests in such shares.

- 2. By HWH Capital
- 3. By HWH Nightingale
- 4. By HWP Nightingale
- 5. By HWP Capital

/s/ Robert B. Haas 04/26/2005

\*\* 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.