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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 submay continue. See Instruct		16. Form 4 or	Form 5 obligat	ions				
(Print or Type responses)								
1. Name and Address of Report	ing Person*							
HWP II, L.P.								
(Last)	(First)	(Midd						
c/o Haas Wheat & Partners,								
	(Street)				· <del>-</del>			
Dallas	Texas	75201						
(City)	(State)							
2. Issuer Name and Ticker or	Trading Symbol							
AMN Healthcare Services, 1	Inc. ("AHS")							
3. IRS Identification Number	of Reporting Per	')						
4. Statement for Month/Year								
5/2002								
5. If Amendment, Date of Orig	ginal (Month/Year	)						
=======================================								
6. Relationship of Reporting (Check all applicable)								
<pre>[_] Director [_] Officer (give title b</pre>	oelow)	[_] 10% Owner [X] Other (sp	ecifv below)					
	ANATION OF RESPO		,					
7. Individual or Joint/Group								
[X] Form filed by one Rep		-						
[_] Form filed by more th	nan one Reporting	Person						
TABLE I NON-DERIV				=====				
	R BENEFICIALLY OW	NED		=====				
							_	
	2		4. Securities Ac Disposed of ( (Instr. 3, 4	D) and 5)		5. Amount of Securities Beneficially	6. Owner- ship Form: Direct	7. Nature of
1.	2. Transaction	Code (Instr. 8)		(A)		Owned at End of Month		Indirect Beneficial
Title of Security (Instr. 3)	Date (mm/dd/yy)	Code V	Amount	or (D)		(Instr. 3 and 4)	(I) (Instr.4)	Ownership (Instr. 4)
Common Stock, par value \$0.01 per share	5/22/2002	S	439,717	D	\$31.00	886,701	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	2. Conver- sion or Exer- cise Price of Deriv- ative Secur-	3. Trans- action Date (Month/ Day/	4. Trans- action Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of(D) (Instr. 3, 4 and 5)	Date Exer-	Lon Date Day/Year) Expira- tion	7. Title and of Underl Securitie (Instr. 3	es and 4) Amount or Number	8. Price of Deriv- ative Secur- ity (Instr.	9. Number of Deriv- ative Secur- ities Bene- ficially Owned at End of Month (Instr.	10. Owner- ship Form of Deriv- ative Secur- ity: Direct (D) or In- direct (I) (Instr.	11. Nature of In- direct Bene- ficial Owner- ship (Instr.
(Instr. 3)	ity	Year)	Code V	(A) (D)	cisable	Date	Title	Shares	5)	4)	4)	4)
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## Explanation of Responses:

(1) The Reporting Person is the general partner of HWP Capital 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 Capital 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 II, L.P.

By: HWP II, LLC, its General Partner

/s/ Douglas D. Wheat June 10, 2002

\*\*Signature of Reporting Person Date

Name: Douglas D. Wheat 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.