FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average b	ourden								

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

hours per response: 0.5

1. Name and Address of Reporting Person* HWH CAPITAL PARTNERS LP					2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
				AH	AHS]									D	rector		X	10% C)wner		
(Last) (First) (Middle)						,										fficer (give elow)	title	X	Other below)	(specify	
C/O HAAS WHEAT & PARTNERS LP					3. Date of Earliest Transaction (Month/Day/Year)								Se	e "Expla	nation	of Re	espons	es"			
300 CRESCENT COURT, SUITE 1700				04/	04/22/2005																
JOU CILL	JCLIVI CC	70K1, 3011L 17	00		1 If	4. If Amandment, Data of Original Filed (Month/Day/Mass)									6 Individual or Joint/Croup Filing (Chook Applicable						
(Street)					4. "	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
DALLAS	5 ТУ	7	75201												X F	orm filed by	One F	Reporti	ng Pers	on	
															Form filed by More than One Reporting Person						
(City)	(St	ate) (Zip)												Р	erson					
		Tabl	e I - Noi	n-Deriv	ative	Sec	curitie	s Acc	uired,	Dis	posed o	f, or	r Bene	ficia	ally Ow	ned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				eay/Year) if an		A. Deemed execution Date, any Month/Day/Year)				ties Acquired (A) I Of (D) (Instr. 3, 4			nd See Bei Ow	Amount of curities eneficially vned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
										v	Amount	(A) or (D) P		Price	Tra	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock, par value \$0.01 per share 04/22/					/2005				S		1,069,3	36	D	\$1	14 4,942,800			D)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
						alis	_		-			_		103)				_			
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any			Date,	4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price of Derivative Security (Instr. 5)		ve ies ially ng ed ction(s)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Codo	, , , , , , , , , , , , , , , , , , ,	(0)		Date		Expiration	Title	Amo or Num of	ber								

Explanation of Responses:

Remarks:

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 CAPITAL PARTNERS, L.P. By: HWH, L.P., its General Partner By: HWH Incorporated, its GeneralPartner By: /s/ Douglas D. Wheat, President

> /s/ Douglas D. Wheat, **President**

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.