FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	DVAL							
l	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*  HWH NIGHTINGALE LLC						2. Issuer Name <b>and</b> Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC AHS									Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director						
(Last) (First) (Middle) C/O HAAS WHEAT & PARTNERS LP 300 CRESCENT COURT, SUITE 1700							3. Date of Earliest Transaction (Month/Day/Year) 04/22/2005									Officer (give title below)  See "Explanation of Responses"					
(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						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquire Disposed Of (D) (Instr. 5)					Benefi	ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
										v	Amount	(A (D	) or )	Price	Transa	eu ction(s) 3 and 4)			(Instr. 4)		
Common Stock, par value \$0.01 per share 04/22/2						2005			S		819,695	5	D	\$14	3,7	3,788,880			See footnote <sup>(1)</sup>		
	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. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		n of		6. Date E Expiratio (Month/D	n Dat	e Amount of			8. Price of Derivative Security (Instr. 5)	ive derivative Securities	Own Forn Direc or In (I) (Ir	wnership	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or	ount nber res							

## **Explanation of Responses:**

1. The Reporting Person is the general partner of HWH Nightingale, L.P., which is the general partner of HWH Nightingale Partners, L.P. and may be deemed to beneficially own the securities held by HWH Nightingale 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 Nightingale, L.P. or 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.

## 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.

/s/ Robert B. Haas, Managing Member 04/26/2005

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.