FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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

Name and Address of Reporting Person*     HWH INC				<u>AN</u>	2. Issuer Name <b>and</b> Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC AHS ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner						
						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 Amendment, Date of Original Filed (Month/Day/Year)								Lin	. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Ac	quired	, Dis	posed o	f, or	Ben	eficia	ly Own	ed				
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day						Execution Date,		3. 4. Securities Acquir Transaction Disposed Of (D) (Ins Code (Instr. 8)					Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following		Direct ndirect r. 4)	7. Nature of Indirect Beneficial Ownership			
									Code V		Amount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock, par value \$0.01 per share 04/22/20						2005			S		1,069,33	86	D	\$14	4,9	4,942,800			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)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			n Date,	Transaction Code (Instr. B) S		5. Null of Deriving Security (A) or Disport of (D) (Instruand 5	ative rities ired osed	6. Date Exerc Expiration Da (Month/Day/\)		te Am Sec Und Der Sec		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow Fo Dir or (I)	vnership rm: 'ect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	or	ount nber ires						

## **Explanation of Responses:**

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

- $^{\star}$  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.