FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	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

1. Name and Address of Reporting Person* Addis Daniele						2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC CCRN]										all app Direc	er (give title	ng Perso	10% C	wner (specify	
(Last) (First) (Middle) C/O CROSS COUNTRY HEALTHCARE, INC. 6551 PARK OF COMMERCE BLVD., NW							3. Date of Earliest Transaction (Month/Day/Year) 06/01/2014									SVP, Business Services					
(Street) BOCA R (City)			4. If Amendment, Date of Original Filed (Month/Day/Year) 06/03/2014									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. Transac Date (Month/Date)						Exect Day/Year) if any		A. Deemed execution Date, any Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securit			ities Acquired (A) d Of (D) (Instr. 3, 4			Securi Benefi	cially I Following	Form: I (D) or I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount		(A) or (D)	Price	•	Transa	Fransaction(s) Instr. 3 and 4)			(
Common	Stock											11	11,933(1))						
	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)	ative Conversion Date Execution D rity or Exercise (Month/Day/Year) if any			Date, Transaction Code (Instr.		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)					9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dire or I (I) (Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nur of	nber							

Explanation of Responses:

1. On June 3, 2014, the reporting person filed a Form 4 mistakenly reporting the acquisition of 6,933 restricted shares of common stock vesting on December 31, 2016, subject to the issuer achieving certain performance metrics during the performance period ending December 31, 2014. As of June 1, 2014, the reporting person owned only 11,933 shares of common stock.

Remarks:

<u>/s/ Daniele Addis</u> <u>03/18/2015</u>

** 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.