FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHA

| NGES IN DENEFICIAL OWNERSHIP | OMB Number: |
|------------------------------|-------------|
| NGES IN DENEFICIAL OWNERSHIP | |

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

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| 1. Name and Address of Reporting Person* Dean Deborah A. | | | | | | 2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC CCRN] | | | | | | | | | Check all | I applicable) Director Officer (give title | | Ü | g Person(s) to Issuer 10% Owner Other (specify | |
|--|-------|-------|--------------------------------------|---------|--|---|--|-------|---------|---|---------------------|---|---|--------------|--|---|---|--|---|---|
| (Last) (First) (Middle) C/O CROSS COUNTRY HEALTHCARE, INC. 6551 PARK OF COMMERCE BLVD., NW | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/10/2015 | | | | | | | | | A b | sV | v) `` P of Sales | and I | below) <mark>Marketin</mark> | | |
| (Street) BOCA RATON FL 33487 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Noi | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Ben | efici | ally Ov | vne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | /Day/Year) Ex | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, | | | and Se Be Ov | 5. Amount of Securities Beneficially Owned Following Reported | | 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 | _ Tra | Transaction(s) (Instr. 3 and 4) | | | | (111511.4) |
| Common | Stock | | | 03/10 | 0/2015 | 5 | | | A | | 5,381 | (1) | A | \$ | \$ 0 39,154 D | | | | | |
| | | Ta | able II - I | | | | | | | | sed of, onvertib | | | | | ed | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Y | | Date, | 4. Transaction Code (Instr. 8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | | 8. Price Derivati Security (Instr. 5 | ve y) | 9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Ownership Form: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. Settlement of performance shares granted June 1, 2014 pursuant to the issuer's Omnibus Stock Incentive Plan, which were settled based on the achievement of performance targets and are payable in shares of restricted stock. The shares of restricted stock will vest on December 31, 2016, provided that the reporting person remains an employee of the issuer at such time.

Remarks:

03/12/2015 /s/ Deborah A. Dean

Date

** Signature of Reporting Person

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.