FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden 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(h)

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*  Gulacsy Elizabeth						2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC CCRN ]									k all app Dired Offic	blicable) ctor er (give title	ng Person(s) to Issue 10% Own Other (sp		wner (specify
(Last) (First) (Middle) 6551 PARK OF COMMERCE BLVD., N.W.						3. Date of Earliest Transaction (Month/Day/Year) 06/01/2012										w) Chief Accou		elow) icer	
(Street) BOCA RATON FL 33487 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year) 06/05/2012									dividual or Joint/Group Filing (Check Applicable )  K Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - Non	-Deriv	ative	Sec	curitie	s Ac	quired,	Dis	posed o	f, or E	3ene	ficially	Owne	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution D			Code (Instr.						Securi Benefi	cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	Amount	(A)	or	Price	Transa	action(s) 3 and 4)			(mour 4)				
Common Stock <sup>(1)</sup> 06/01/							2012		F		673 <sup>(2)</sup>	) <b>D</b>		\$4.35	20,191 <sup>(3)</sup>		D		
	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 Date, ity or Exercise (Month/Day/Year) if any			4. Transa Code (I		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Dei Sed (Ins	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amou or Numb of Share	ber					

## **Explanation of Responses:**

- 1. This amended Form 4 is being filed to correct the number of shares beneficially owned by the reporting person.
- $2. \ The shares were withheld to satisfy Ms. \ Gulacsy's tax withhelding obligation for restricted stock which vested on June 1, 2012.$
- 3. Represents the corrected number of shares beneficially owned, which, as the result of a computation error, was incorrectly reported on the reporting person's Form 3 filed on April 5, 2011.

## Remarks:

/s/ Elizabeth Gulacsy 06/12/2012

\*\* 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.