FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	OMB APPROVAL								
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l	OMB Number: 3235-02								
l	Estimated average burden								
l	hours per response	: 0.5							

	Check this box if no longer subject
\neg	to Section 16. Form 4 or Form 5
_	obligations may continue. See
	Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* CASH W LARRY (Last) (First) (Middle)					2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC [CCRN] 3. Date of Earliest Transaction (Month/Day/Year) 06/01/2023										k all app Direc	blicable) etor er (give title	10% Ov Other (s below)		wner	
C/O CROSS COUNTRY HEALTHCARE, INC. 6551 PARK OF COMMERCE BOULEVARD, N.W. (Street) BOCA RATON FL 33487					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indi Line) X	-,					
BOCA RATON FL 33487 (City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - No	n-Deriva	tive S	ecur	ities	Acq	uired,	Dis	oosed of	, or E	Benefi	cially	y Owr	ned				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)					- 1	Exec if any	Deemed cution Date, y nth/Day/Year)		Transaction Disposed Code (Instr. and 5)		ties Acquired (A I Of (D) (Instr. 3,		4 Secur Benef Owne Follow		cially 1	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A)	or Pri			rted saction(s) : 3 and 4)				
Common Stock 06/01/2					2023				A		5,812(1	(1) A		\$ <mark>0</mark>	183,711			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)	ive Conversion Date Execution Date, y or Exercise (Month/Day/Year) if any			Transaction of Ode (Instr. 8) Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ative rities ired osed . 3, 4	Care Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares		-				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

1. These restricted shares of common stock will vest on June 1, 2024.

<u>/s/ W. Larry Cash</u> <u>06/05/2023</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).
- $^{\star\star} \ Intentional \ misstatements \ or \ omissions \ of facts \ constitute \ Federal \ Criminal \ Violations \ See \ 18 \ U.S.C. \ 1001 \ and \ 15 \ U.S.C. \ 78 ff(a).$

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.