FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB .	APPROVAL
OMB Number	: 3235-02

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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*     Tymchuk Paul						2. Issuer Name <b>and</b> Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC [									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Tymenuk Faur					1cc	CCRN 1									Director			10%	Owner	
(Last) (First) (Middle)						CCRIV									X	Office belov	er (give title v)			
` ′	•	,	,		3. D	3. Date of Earliest Transaction (Month/Day/Year)									Chief Information Officer				r	
C/O CROSS COUNTRY HEALTHCARE, INC.						06/01/2015													_	
6651 PARK OF COMMERCE BLVD., NW				"	00/01/2010															
OUSTIA	CO.	WINIERCE DEVI	J., INV		4 15	A 16 Assessment Data of Original Filed (Marsty D. 1971)								<u> </u>	C. Ladii idaal oo laiat/Oassa Filiaa (Obsela ta lii III					
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															'					
BOCA R	ATON FI	3	3487												X Form filed by One Reporting Person					
					.										Form filed by More than One Reporting					
															Person					
(City)	(S	tate) (	Zip)																	
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1. Title of S	ecurity (Inst	r. 3)		2. Transa	action	Execution Date,			3.	3. 4. Securities Acquired (A)							6. Ownership	7. Nature		
		•		Date	>0/					Transaction Disposed Of (D) (Instr.			. 3, 4 aı				Form: Direct	of Indirect		
				(Month/E	Jayı Yea	y/Year)   if any (Month/Day/Year)		Code (Instr.   5) 8)				Benef			(D) or Indirect (I) (Instr. 4)	Beneficial Ownership				
					[(,				[ ]			Repor		ted	(,, (	(Instr. 4)				
								Code	v	Amount		(A) or (D)	Price	.		action(s) 3 and 4)				
											-				`					
Common Stock (restricted) <sup>(1)</sup> 06/01/					/2015				F 1,172			D	\$10.56		41,283		D			
		T₂	hla II - F	) Arivati	ive S	2011	ıritige	Δοαιιί	ired D	ieno	sed of,	or F	Ranafi	iciall	v Ov	han				
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1. Title of	2.	3. Transaction	3A. Deeme		4.	- <b>4</b> ?	ion of I		6. Date Exercisa			7. Title and			8. Price of		9. Number o		11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Da if any		ate, Transac Code (In				Expiration Date (Month/Day/Year)				Amount of Securities		Derivative Security		derivative Securities	Ownership Form:	of Indirect Beneficial	
(Instr. 3)	Price of		(Month/Da		8)		Securities						Underlying		(Instr. 5)		Beneficially	Direct (D)	Ownership	
Derivative					[ ]		Acquired						Derivative		1		Owned	or Indirect		
	Security					(A) or Security (Instr. Disposed and 4)						str. 3	<sup>3</sup>		Following Reported	(I) (Instr. 4	'			
						of (D)				and 4)							Transaction	(s)		
						(Instr. 3, 4									(Instr. 4)					
						and 5	u 5)										- 1			
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							l b	Date		Expiration		of	inci			i				
					Code	v	(A)	(D)	Exercisa		Date	Title	e Sha	ares				- 1		

## **Explanation of Responses:**

1. The shares were withheld to satisfy Mr. Tymchuk's tax withholding obligation for restricted stock which vested on June 1, 2015.

## Remarks:

/s/ Paul Tymchuk

06/02/2015

\*\* 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.