| SEC | Form 4 |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject 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 OMB APPROVAL
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| 1. Name and Address of Reporting Person [*] Ginter James Eugene (Last) (First) (Middle) 6551 PARK OF COMMERCE BLVD., N.W. | | (Middle) | 2. Issuer Name and Ticker or Trading Symbol <u>CROSS COUNTRY HEALTHCARE INC</u> [CCRN] 3. Date of Earliest Transaction (Month/Day/Year) 06/01/2013 | | ationship of Reporting Per k all applicable) Director Officer (give title below) Pres., Med. Doctor | 10% Owner Other (specify below) |
|---|---------------|----------------|--|------------------------|--|---------------------------------------|
| (Street) BOCA RATON (City) | FL (State) | 33487 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | vidual or Joint/Group Filin Form filed by One Rep Form filed by More tha Person | orting Person |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 4. Securities A Disposed Of (5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|------|---|--|---------------|-------------------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock ⁽¹⁾ | 06/01/2013 | | A | | 4,000 | Α | \$ <mark>0</mark> | 21,000 | D | |
| Common Stock | 06/01/2013 | | F | | 1,610 ⁽²⁾ | D | \$5.21 | 19,490 | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
|---|---|--|---|------------------------------|---|---|-----|--|--------------------|-----------------|--|--|--|---|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Appreciation Rights | \$5.21 | 06/01/2013 | | Α | | 4,000 | | (3) | 06/01/2020 | Common Stock | 4,000 | \$0 | 29,000 | D | |

Explanation of Responses:

1. The restricted shares of common stock vest in four equal installments. The installments will vest on June 1, 2014, June 1, 2015, June 1, 2016 and June 1, 2017.

2. The shares were withheld to satisfy Mr. Ginter's tax withholding obligation for restricted stock which vested on June 1, 2013.

3. The stock appreciation rights vest in four equal installments. The installments will vest on June 1, 2014, June 1, 2015, June 1, 2016 and June 1, 2017.

Remarks:

/s/ James Eugene Ginter 06/04/2013

** 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.