SEC Form 4	
------------	--

Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

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 [*] <u>Redd James V. III</u>				2. Issuer Name and Ticker or Trading Symbol <u>CROSS COUNTRY HEALTHCARE INC</u> [CCRN]							ationship of Reportir (all applicable) Director Officer (give title	10% C Other			
(3. Date of Earliest Transaction (Month/Day/Year) 03/31/2023						A below) below) Chief Accounting Officer				
6551 PARK OF COMMERCE BOULEVARD, N.W.				4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indiv Line)	6. Individual or Joint/Group Filing (Check Applicable Line)				
11.11.										X	Form filed by On	e Reporting Pers	son		
(Street)											Form filed by More than One Reporting Person				
BOCA RATON	OCA RATON FL 33487 Rule 10b5-1(c) Transaction Indication														
(City)	(State)	(Zip)		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.								ended to			
	Ta	able I - No	n-Deriva	tive S	Securities Acq	uired,	Dis	posed of,	or Ber	neficially	v Owned				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day			2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)				I (A) or . 3, 4 and	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	Transaction(s) (Instr. 3 and 4)		(1150. 4)							

	(Month/Day/Year)	if any (Month/Day/Year)	Code (Instr. 8)					Beneficially Owned Following Reported	(D) or Indirect (I) (Instr. 4)	Bene Own (Inst
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(insu
Common Stock	03/31/2023		A		4,033(1)	A	\$ <mark>0</mark>	21,071	D	
Common Stock	03/31/2023		F		599 ⁽²⁾	D	\$22.32	20,472	D	
Common Stock	03/31/2023		F		599 ⁽²⁾	D	\$22.32	19,873	D	
Common Stock	03/31/2023		F		311 ⁽²⁾	D	\$22.32	19,562	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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	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			Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. These restricted shares of common stock vest in three substantially equal installments. The installments will vest on March 31, 2024, March 31, 2025 and March 31, 2026.

2. These shares were withheld to satisfy tax withholding obligation for restricted stock which vested on March 31, 2023.

/s/ James V. Redd III

04/04/2023

** 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.