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 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| | tion 1(b). | iue. See | | Filed | l pursua or Se | nt to S ection 3 | Section 30(h) | n 16(a) of the li | of the S | ecurit | ies Exchang mpany Act o | e Act of f 1940 | 1934 | | | hours | per res | sponse: | 0.5 |
|--|-------------------------------------|----------|--------------|---------------------------------|--|---|--|----------------------|----------|--|--|-----------------------|---|--|-------------|--|--|-----------------|------------|
| 1. Name and Address of Reporting Person* Noe Phillip Lyn (Last) (First) (Middle) | | | | | 2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC [CCRN] 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2024 | | | | | | | | | 5. Relationship of Reporti (Check all applicable) Director X Officer (give title below) Chief Infori | | | 10% Ow | | vner |
| C/O CROSS COUNTRY HEALTHCARE, INC. 6551 PARK OF COMMERCE BLVD, N.W. | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | |
| (Street) BOCA RATON FL 33487 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | orting |
| (City) (State) (Zip) Rule 10b5-1(c) Transaction In Check this box to indicate that a transaction wa satisfy the affirmative defense conditions of Rule Table I - Non-Derivative Securities Acquired, Disposed | | | | | | | | | | | saction was mons of Rule 10 | ade purs 0b5-1(c). | suant to See Ins | tructio | n 10. | | ten plar | n that is inter | nded to |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | tion 2A. Deemed Execution Date, | | 3. 4. Securities Ad Disposed Of (D Code (Instr. 5) | | | s Acqui | red (A) | or 5. Amo 4 and Securit Benefic Owned | | ount of ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | r Pric | :e | | ction(s) 3 and 4) | | | (Instr. 4) |
| Common | Stock | | | 03/31/2 | 2024 | | | | A | | 5,502(1) | A | | 50 | 23,598 D | | | | |
| Common | Stock | | | 03/31/2 | 2024 | | | | F | | 1,606(2) | D | \$1 | 8.72 | 72 21,992 D | | | | |
| Common | Stock | | | 03/31/2 | 2024 | | | | F | | 623(2) | D | \$1 | 18.72 21,369 D | | | | | |
| Common | Stock | | | 03/31/2 | 2024 | | | | F | | 605(2) | D | \$1 | 8.72 | 72 20,764 D | | | | |
| | | Tal | ble II - | | | | | | | | osed of, o | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | or Exercise (Month/Day/Year) if any | | 4. Transa | Transaction of Derivative | | ivative urities juired or posed D) tr. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4) | | | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y G | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | I | | | l | 1 | | | | | 1 1 | or | · | | I | - 1 | | I | | |

Explanation of Responses:

- 1. These restricted shares of common stock vest in three substantially equal installments. The installments will vest on March 31, 2025, March 31, 2026 and March 31, 2027.
- 2. These shares were withheld to satisfy tax withholding obligation for restricted stock which vested on March 31, 2024.

/s/ Phillip L. Noe

04/02/2024

** Signature of Reporting Person

Shares

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).

Code

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.

(D)

Date Exercisable

Expiration