

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
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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>Benefit Street Partners LLC</u> (Last) (First) (Middle) 9 WEST 57TH STREET SUITE 4700 (Street) NEW YORK NY 10019 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 06/30/2014	3. Issuer Name and Ticker or Trading Symbol <u>CROSS COUNTRY HEALTHCARE INC [CCRN]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Senior Convertible Notes	(3)	(3)	Common Stock	2,420,423	(3)	I	By Providence Debt Fund III L.P. ⁽¹⁾⁽²⁾
Senior Convertible Notes	(3)	(3)	Common Stock	831,127	(3)	I	By PECM Strategic Funding L.P. ⁽¹⁾⁽²⁾
Senior Convertible Notes	(3)	(3)	Common Stock	269,577	(3)	I	By Benefit Street Partners SMA LM L.P. ⁽¹⁾⁽²⁾

1. Name and Address of Reporting Person* <u>Benefit Street Partners LLC</u> (Last) (First) (Middle) 9 WEST 57TH STREET SUITE 4700 (Street) NEW YORK NY 10019 (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>Providence Equity Capital Markets L.L.C.</u> (Last) (First) (Middle) 9 WEST 57TH STREET SUITE 4700 (Street) NW YORK NY 10019 (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>NELSON JONATHAN M</u> (Last) (First) (Middle)		
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50 KENNEDY PLAZA
18TH FLOOR

(Street)

PROVIDENCE RI 02903

(City) (State) (Zip)

1. Name and Address of Reporting Person*

[SALEM PAUL J](#)

(Last) (First) (Middle)

50 KENNEDY PLAZA
18TH FLOOR

(Street)

RHODE ISLAND RI 02903

(City) (State) (Zip)

1. Name and Address of Reporting Person*

[CREAMER GLENN M](#)

(Last) (First) (Middle)

50 KENNEDY PLAZA
18TH FLOOR

(Street)

RHODE ISLAND RI 02903

(City) (State) (Zip)

1. Name and Address of Reporting Person*

[Gahan Thomas](#)

(Last) (First) (Middle)

9 WEST 57TH STREET
SUITE 4700

(Street)

NEW YORK NY 10019

(City) (State) (Zip)

Explanation of Responses:

1. The shares are held by Providence Debt Fund III L.P., PECM Strategic Funding L.P. and Benefit Street Partners SMA LM L.P. (collectively, the "Providence Funds"). Benefit Street Partners L.L.C. ("BSP") is the investment manager of each of Providence Debt Fund III L.P. and Benefit Street Partners SMA LM L.P. Providence Equity Capital Markets L.L.C. ("PECM") is the investment manager of PECM Strategic Funding L.P. Messrs. Creamer, Gahan, Nelson and Salem collectively control each of BSP and PECM through their indirect ownership of membership interests of BSP and PECM (continued in footnote 2).

2. (continued from footnote 1) As a result, each of Messrs. Creamer, Gahan, Nelson and Salem and BSP may be deemed to share beneficial ownership of the shares held by each of Providence Debt Fund III L.P. and Benefit Street Partners SMA LM L.P., and each of Messrs. Creamer, Gahan, Nelson and Salem and PECM may be deemed to share beneficial ownership of the shares held by PECM Strategic Funding L.P. Each Reporting Person disclaims beneficial ownership of the shares held by the Providence Funds, except to the extent of its or his pecuniary interest therein.

3. Represents shares of Common Stock, par value \$0.0001 of Cross Country Healthcare, Inc. (the "Company") at the current conversion price applicable to the Senior Convertible Notes (the "Notes") of \$7.10. Providence Debt Fund III L.P. holds \$17,185,000 in principal amount of the Notes, PECM Strategic Funding L.P. holds \$5,901,000 in principal amount of the Notes and Benefit Street Partners SMA LM L.P. holds \$1,914,000 in principal amount of the Notes. The Notes are convertible at the option of the holder of the security at any time prior to maturity and will be convertible at the option of the Company, subject to certain conditions, beginning on the third anniversary of the date of issuance, in each case at the then applicable conversion price. The Notes were issued on June 30, 2014 and bear interest at a rate of 8% per annum. The Notes mature on June 30, 2020.

Remarks:

[/s/ Bryan R. Martoken,](#)
[Authorized Signatory Benefit](#) [07/10/2014](#)
[Street Partners L.L.C.](#)

[/s/ Bryan R. Martoken,](#)
[Authorized Signatory](#) [07/10/2014](#)
[Providence Equity Capital](#)
[Markets L.L.C.](#)

[/s/ Jonathan M. Nelson,](#)
[Authorized Signatory Jonathan](#) [07/10/2014](#)
[M. Nelson](#)

[/s/ Paul J. Salem, Authorized](#) [07/10/2014](#)
[Signatory Paul J. Salem](#)

[/s/ Glenn M. Creamer,](#)
[Authorized Signatory Glenn](#) [07/10/2014](#)
[M. Creamer](#)

[/s/ Thomas J. Gahan,](#) [07/10/2014](#)

[Authorized Signatory Thomas](#)

[J. Gahan](#)

** 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 5 (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.