FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	5	,			

l	OMB APPRO	VAL
	OMB Number:	3235-0287
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l	hours per response:	0.5

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

							(1 7									
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
TRUNFIO JOSEPH						CCRN]								١.	X	Direc	ctor		10% O	wner	
(Last) (First) (Middle)																	Office	er (give title w)		Other (below)	specify
(Last)	,	,	,	C		3. Date of Earliest Transaction (Month/Day/Year)												,		,	
C/O CROSS COUNTRY HEALTHCARE, INC.						06/01/2014															
6551 PARK OF COMMERCE BLVD., N.W.						If Amendment, Date of Original Filed (Month/Day/Year)								16	6. Individual or Joint/Group Filing (Check Applicable						
(Ot t)					4. "	4. If Amendment, Date of Original Filed (Month/Day/Year)										Line)					
(Street)	ATON F	г :	33487													X	X Form filed by One Reporting Person				
BOCA RATON FL 33487																Form filed by More than One Reporting Person				orting	
(City)	(8	itate) (Zip)																		
		Tabl	e I - Non	-Deriva	ative	Se	curiti	es Ac	quir	red, D	isp	osed o	f, o	r Bene	efici	ally C	Owne	ed			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		TI C	3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and S		5. Amount of Securities Beneficially Owned Following Reported		vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								С	ode \	,	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(111511.4)	
Common Stock (restricted) ⁽¹⁾ 06/01/					/2014					Α		17,33	331 A		\$	0	66,520			D	
		Та	ible II - D									sed of, onvertib				y Ow	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/	Date, Transactio					Expi	6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3		vative urity ir. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	O Fe Di (I)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	, V (A)		(D)	Date Exer			expiration	Title	or Nun of	ount nber res						

Explanation of Responses:

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

Remarks:

/s/ Joseph Trunfio

06/03/2014

** 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.