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
notruction 1/h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Ball Susan E						CROSS COUNTRY HEALTHCARE INC [CCRN]									neck all ap Dire	olicable) ctor er (give title		Owner er (specify	
(Last) (First) (Middle) 6551 PARK OF COMMERCE BLVD.						3. Date of Earliest Transaction (Month/Day/Year) 10/01/2010									Ge	neral Coun	sel & Secre	ary	
(Street) BOCA RATON FL 33487 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year) 10/05/2010									e) X Forr Forr	dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transa Date (Month/E						ar) E	Execution f any	A. Deemed xecution Date, any lonth/Day/Year)		Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			d Secur Benef	icially d Following	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A (D) or)	Price	Trans	action(s) 3 and 4)		(instr. 4)	
Common Stock ⁽¹⁾ 10/01/2						2010		F		335(2)		D	\$7.1	3 4	5,563	D			
		Ta	able II - I								sed of, onvertib				Owned				
1. Title of Derivative Security (Instr. 3) 2. Conversic or Exercis Price of Derivative Security			3A. Deemed Execution I if any (Month/Day	Date, T	4. Transa Code (8)		of		6. Date E: Expiratio (Month/D	n Date	е	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		tr. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Num of Shar						

Explanation of Responses:

- 1. This amended Form 4 is being filed to properly report the vesting of restricted stock on October 1, 2010.
- $2. \ The shares were withheld to satisfy Ms. \ Ball's tax withholding obligation for restricted stock which vested on October 1, 2010.$

Remarks:

/s/ Susan E. Ball

10/12/2010

** 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.