FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

_			
STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
			

OMB APPROVAL OMB Number: Estimated average burden 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. Name and Address of Reporting Person* Grubbs William J				<u>CF</u>	2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC CCRN]									check all ap Dire	olicable) ctor er (give title		Owner (specify		
(Last) (First) (Middle) C/O CROSS COUNTRY HEALTHCARE, INC. 5201 CONGRESS AVENUE				NC.		3. Date of Earliest Transaction (Month/Day/Year) 03/31/2017									President and CEO				
(Street) BOCA R (City)	ATON FI		33487 (Zip)		_ 4. If	4. If Amendment, Date of Origi					d (Month/Day/Year)				Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(- 9)				n-Deriv	/ative	Se	curiti	es Ac	quired	, Dis	posed o	f, or	Bene	ficia	ally Own	ed			
1. Title of Security (Instr. 3)		Date (Month/Day/Year)		2 F) if	2A. Deemed Execution Date,		3. Transaction Code (Instr.		4. Securities Acquired (A)			A) or	or 5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount		(A) or (D)	Price	Trans	ted action(s) 3 and 4)		(Instr. 4)	
Common Stock				03/31	03/31/2017				A		62,274	[1)	A	\$() 4	32,130	D		
Common Stock				03/31/2017				F		8,236(2	2)	D	\$14	.36 4	23,894	D			
Common Stock			03/31/2017					F		7,862(2	2)	D	\$14	.36 4	16,032	D			
Common Stock			03/31/2017					F		6,447(2	2)	D	\$14	.36 4	09,585	D			
Common Stock			04/01/2017					F		4,901 ⁽³⁾		D	\$14	.36 4	04,684	D			
		Т									osed of, onvertib				y Owned				
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date or Exercise (Month/Day/Year)		n Date,	4. Transa Code (8)		str. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares		ount ober	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

- 1. These restricted shares of common stock vest in three equal installments. The installments will vest on March 31, 2018, March 31, 2019 and March 31, 2020.
- $2.\ These shares were withheld to satisfy Mr.\ Grubbs'\ tax\ withholding\ obligation\ for\ restricted\ stock\ which\ vested\ on\ March\ 31,\ 2017.$
- 3. These shares were withheld to satisfy Mr. Grubbs' tax withholding obligation for restricted stock which vested on April 1, 2017.

Remarks:

/s/ William J. Grubbs

04/04/2017

** 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.