Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

| | OMB APP | ROVAL | | | | | | | |
|-----|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| | Estimated average burden | | | | | | | | |
| - 1 | houre per response | . 0.5 | | | | | | | |

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* McDonald Colin Patrick | | | | | 2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC [CCRN] | | | | | | | | | Check | ationship of Reporting all applicable) Director Officer (give title | | 10% O | | |
|--|---|---------|---------|--------------------------------|--|--|--------|--------------------|--|--|------------|--|---|---|---|---|---|--|---------------------------------------|
| (Last) | (Fir | rst) (M | Middle) | INC. | 3. Date of Earliest Transaction (Month/Day/Year) 03/26/2024 | | | | | | | | | X | below) | | below) Resources Offic | | · |
| 6551 PARK OF COMMERCE BOULEVARD, N.W. | | | | | 4. If <i>F</i> | 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 Reporti Person | | | | | orting | |
| | | | | Rul | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| (City) (State) (Zip) | | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | or B | enefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Exec ay/Year) if an | | . Deemed ecution Date, iny onth/Day/Year) | | | | es Acquired (A Of (D) (Instr. 3, | | 4 and Secur Benef | | cially Following | Forn (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | Price | Transa | | action(s) 3 and 4) | | | (Instr. 4) |
| Common Stock 03/26/. | | | | | /2024 | | | | A 3,679 | | 3,679(1) | A \$0 | | 0 | 21,247 | | | D | |
| | | Tal | | | | | | | | | osed of, o | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | if any | emed on Date, /Day/Year) | Date, Transaction Code (Ins | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Der Sec | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | Code V | | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amount or Number of Shares | er | | | | | | | | |

Explanation of Responses:

1. Settlement of performance shares granted March 31, 2021 pursuant to the Issuer's Omnibus Stock Inventive Plan, which were settled based on the achievement of performance targets and are payable in

shares of restricted stock.

/s/ Colin P. McDonald

03/28/2024

** 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.