FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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NEFICIAL OWNERSHIP	OMB Number: 323	3235-0287		
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0.5

hours per response:

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* FITZGERALD GALE S					2. Issuer Name <b>and</b> Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC											5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
					CC	CCRN ]										X	Direc				wner			
(Last)	(	First) (	(Middle)		2.5	)oto (	of Carlie	ot Tron	cooti	tion (Mc	n+h/F	Dou/Voor)			$\dashv$		belov	er (give title v)		tner ( elow)	(specify			
` '	RK OF C	OMMERCE BLV	D., N.W.			3. Date of Earliest Transaction (Month/Day/Year) 06/01/2012																		
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(Street)					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)											6. Individual or Joint/Group Filing (Check Applicable Line)							
BOCA RATON FL 33487																X		Form filed by One Reporting Person						
(City) (State) (Zip)																Form filed by More than One Reporting Person					orting			
		-			<u></u>	_									<u>.</u>									
		Tab	le I - Nor	1-Deriv	ative	Se	curiti	es Ac	<u> </u>		Disj						Jwne	ed						
1. Title of Security (Instr. 3)  2. Transa Date (Month/D.					ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		,	3. 4. Securi Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3,			4 and Secu Bene Own		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
									-	Code	v	Amount		(A) or (D) Price		. 1	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock <sup>(1)</sup> 06/01					/2012	2				A		12,64	4 A		\$	39,63		9,633	D					
		Ta	able II - E									sed of, onvertib				y Ow	/ned							
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			4. Transa Code ( 8)	(Instr.				Date Ex cpiration conth/Da ate	n Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amour or Numbe of Title Shares			8. Pri Deriv Secu (Instr	ative rity . 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

## Explanation of Responses:

1. The restricted shares of common stock vest in four equal installments. The installments will vest on June 1, 2013, June 1, 2014, June 1, 2015 and June 1, 2016.

## Remarks:

/s/ Gale S. Fitzgerald

06/05/2012

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.