FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-028							
Estimated average b	ourden							

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1. Name and Address of Reporting Person* ANENBERG VICKIE					<u>CF</u>	2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC CCRN]									check a	ıll appl Direct		g Perso	10% C		
(Last) (First) (Middle) 6551 PARK OF COMMERCE BOULEVARD, N.W.					, N.W.	3. Date of Earliest Transaction (Month/Day/Year) 05/06/2012										X Officer (give title below) Other (sp below) EVP, Cross Country Staffing					
(Street) BOCA RATON FL 33487 (City) (State) (Zip)						4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individ ne) X	ividual 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. Transac Date (Month/Da						Execution			Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3,			4 and Secu Bend Own		ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
										Code	v	Amount	Amount (A) o (D)		Price	1	Reporte ransad Instr. 3	ction(s) and 4)			(Instr. 4)
Common Stock 05/06/							/2012					495(1)	D \$		\$4.	79,835		9,835	I)	
			Та	ble II - D								sed of, onvertib				y Ow	ned				
1. Title of Derivative Security (Instr. 3)	rivative curity Conversion Date Execution Date (Month/Day/Year) if any			Date, y/Year)	Code (8)	ransaction of Code (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares			nt er		9. Number o derivative Securities Beneficially Owned Following Following Transaction (Instr. 4)	Ow For Dire or I (I) (nership m: ect (D) ndirect Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

1. The shares were withheld to satisfy Ms. Anenberg's tax withholding obligation for restricted stock which vested on May 6, 2012.

Remarks:

/s/ Vickie L. Anenberg 05/08/2012

** 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.