FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

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	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Section 10. Form 4 or Form 5	

OMB APPROVAL OMB Number: Estimated average burden hours 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* WARD JONATHAN W				<u>C</u>	2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC CCRN									all applic Directo	able)	g Pers	on(s) to Issu 10% Ow Other (s	ner
(Last) (First) (Middle) 948 EVERGREEN DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 02/16/2005									below)		ountr	below) y Staffing	Jecny	
(Street) DELRAY BEACH CA 33483				4.									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S		(Zip)						_		, -	<u>.</u>						
		Tab	le I - Non-D		_			-	ısp		-		lly (Owned				
Date			Transaction te onth/Day/Y	Execution Da		Date,	Code (Ins					and Securitie Benefici		s illy ollowing	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
							Code V	<i>,</i>	Amount	(A) or (D)	(A) or (D) Price		Transact (Instr. 3 a	tion(s)			Instr. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Yo	Code (Inst				6. Date Exer Expiration D (Month/Day/		7. Title and of Securiti Underlying Derivative (Instr. 3 and	ies g Security	Derivative Security		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable		kpiration ate	Title	Amount or Number of Shares						
Employee Stock Option (Right to Buy)	\$15.6	02/16/2005		A		20,000		(1)	02	2/16/2015	Common Stock	20,000		\$0	198,64	14	D	

Explanation of Responses:

1. The option vests in four equal annual installments beginning on February 16, 2006.

/s/Jonathan Ward

02/28/2005

** 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.