FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	OVAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	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

Name and Address of Reporting Person* WARD JONATHAN W							2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
VVIIICD	3011/111	17 11 1 11			-	CCRN]									Director				10% C	wner		
(Last) (First) (Middle)						CCRIV J									X Officer (give title below)				Other below)	(specify		
(Last)	`	,	wildule)		3. D	3. Date of Earliest Transaction (Month/Day/Year)									Pres., Cross Country Staffing					g		
948 EVERGREEN DRIVE						08/15/2008											.,			•		
(Street)						If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
DELRAY	7	33483													Line)							
BEACH	FL														X		m filed by One Reporting Person					
					-										Form filed by More than One Reportir Person				orting			
(City)	(St	ate) (Zip)																			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of S	Security (Inst	r. 3)		2. Trans	action				3.								ount of	6. Owne		7. Nature		
Date (Month					Day/Ye	Execution Date			Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)			3, 4 a	ind	Securi Benefi	cially		orm: Direct D) or Indirect	of Indirect Beneficial				
				, ,		1	(Month/Day/Year)		8)	8)					Owne Repor		l Following ted	(I) (Instr.	(I) (Instr. 4)	Ownership (Instr. 4)		
									Code	v	Amount		(A) or (D)	Price	•	Transaction(s) (Instr. 3 and 4)				,		
Common Stock 08/15/						5/2008					500	500 D		\$1	S17 2		7,479	D				
		Ta	ble II - D) Orivat	ivo S	0011	ritios	Λοαιι	irod Di	cno	cod of	or B	Ponofi	الدند	· O	wood						
		Id									onvertib				y Ov	viieu						
1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day		4. Transa		n of E		6. Date Expiration	•	Amount of			8. Price of Derivative		9. Number o derivative	Ownership	11. Nature of Indirect Beneficial Ownership				
Security (Instr. 3)	or Exercise Price of				Code (8)	Instr.			(Month/Da	(Month/Day/Year)			Securities Underlying Derivative			ırity r. 5)	Securities Beneficially Owned			Form: Direct (D) or Indirect		
(111311.3)	Derivative		(WOTHINDA	iy, i cai,	٥,											3,			(Instr. 4)			
	Security						(A) or			Security (Insti			str. 3	3		Following	(1) (11	nstr. 4)				
						Disposed of (D)			and 4)			4)				Reported Transaction	(s)	1 1				
							(Instr. 3, 4									(Instr. 4)	⁻ ′					
							and 5)				 			ļ								
														ount								
												or Nun	nber									
					Code	v	(A)		Date Exercisal		Expiration Date	Title	of Sha	rec								
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Explanation of Responses:

Remarks:

/s/ Jonathan Ward

08/18/2008

** 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.