FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | DVAL |
|------------------------|-----------|
| OMB Number: | 3235-0287 |
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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* KALAFA VICTOR (Last) (First) (Middle) 6551 PARK OF COMMERCE BLVD., N.W. (Street) BOCA RATON FL 33487 | | | | | | 2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC CCRN] 3. Date of Earliest Transaction (Month/Day/Year) 08/16/2011 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director | | | | | |
|--|--|-------|-------------|------------------------------|-------------------|--|---|------|--|---|---|---------------------|---|---|--|--|---|-----------------------|--|--|---|
| (City) | (SI | | Zip) | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Tra Date (Mont | | | | | action Day/Yea | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | T | 3. Transaction Code (Instr. 8) | | | | | | 4 and Secur Benef Owne | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | G | Code | v | Amount | | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common | 08/16 | /2011 | 2011 | | | | P | | 2,300 |) | A | \$4 | .68 | 6 | 64,065 | | D | | | | |
| Common Stock 08/16/ | | | | | | | | | | P | | 4,500 |) | A | \$4.67 | | 68,565 | | | D | |
| Common Stock 08/16/ | | | | | | | | | | P | | 300 | | A | \$4.69 | | 68,865 | | D | | |
| Common Stock 08/16/ | | | | | | /2011 | | | | P | | 2,900 |) | A | \$4.74 | | 71,765 | | D | | |
| | | Та | able II - D | | | | | | | | | sed of, onvertib | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | | 4. Transa Code (8) | | on of Derivative (Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | Date Exercisable and Expiration Date Month/Day/Year) Date Expiration Date | | | | Amount of Securities Underlying Derivative Security (Instr. and 4) Amount of Numbe of Of Numbe | | Deri Sec | rice of vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

Remarks:

/s/ Victor Kalafa

08/17/2011

** 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.