## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	9	,	

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									

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	on 30(h)	of the Ín	vestment	Con	npany Act	of 1940								
1. Name and Address of Reporting Person*  WESTFALL CAROL D					<u>CF</u>	2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC [ CCRN ]									eck all appli Direct	cable)	ng Per	son(s) to Iss 10% Ov Other (s	vner	
(Last) (First) (Middle) 501 LAKE AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 11/20/2007									X Office (give title Office (specify below)  President, Cejka Search					
(Street) ST. LOUIS MO 63119					4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)												Person					
		Tab	le I - Nor	າ-Deriv	ative	e Se	curitie	s Acq	uired, [	Disp	osed c	of, or E	Ben	eficial	ly Owne	k				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Execution Date,		Date,	r, Transaction Dispose Code (Instr. 5)		rities Acquired (A) o ed Of (D) (Instr. 3, 4 a			Benefic	es Fo ally (D) Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)		Price	Transac	saction(s) r. 3 and 4)			(3 4)	
Common Stock 11/2			11/20	0/2007	/2007			M		6,000	6,000 A \$		\$7.75	26,083			D			
		7	Table II -								sed of onverti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	1. Transaction Code (Instr. 3)		n of		. Date Exe xpiration I Month/Day	Date		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ow For Dir or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)		ate xercisable		xpiration ate	Title	0 0	Amount or Jumber of Shares						
Employee Stock Option	\$7.75	11/20/2007			M		6,000		(1)	04	4/11/2013	Commo	n	6,000	\$0	0(2)		D		

## **Explanation of Responses:**

- 1. The options exercised are fully vested.
- 2. In addition, Ms. Westfall has 23,215 options to purchase Common Stock of the Company with different exercise prices from the options reported in Table II.

## Remarks:

(Right to Buv)

/s/ Carol Westfall

Stock

04/04/2008

\*\* 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.