FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	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

1. Name and Address of Reporting Person*							2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
BOSHART JOSEPH							CCRN]									X Director			10% Ov	vner		
(Last)	(F	<u> </u>	-										Officer below	(give title		Other (s	specify					
	י) IELD BRO		3. Date of Earliest Transaction (Month/Day/Year) 12/15/2006										President and CEO									
		.																				
(Street)							4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
BOCA RATON FL 33496																X Form filed by One Reporting Person						
(City) (State) (Zip)																Form filed by More than One Reporting Person						
		Tab	le I - Noi	n-Deriv	ative	Sec	curiti	ies Ad	qu	ired, C	Disp	osed c	of, or B	ene	ficiall	y Owne	t					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date,				Code (Instr. 5)							es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership		
										Code	v	Amount	(A) or (D)		Price		ported nsaction(s) str. 3 and 4)			(Instr. 4)		
Common Stock 12/15/					5/2006	2006				M		8,000 A			\$7.75	260),219 ⁽¹⁾		D			
		1	able II -									sed of				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,	4. Transaction Code (Instr. B)		n of			Date Exer piration D onth/Day	ate	Amount of			3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Dat Exe	te ercisable		opiration	Title	or Nu of	nount mber ares							
Employee Stock Option (Right to Buy)	\$7.75	12/15/2006			М			8,000		(2)	12	2/16/2009	Commor Stock	8,	,000	\$0	47,745 ⁽	(3)	D			

Explanation of Responses:

- 2. The options exercised are fully vested.
- 3. In addition, Mr. Boshart has 462,949 options to purchase Common Stock of the Company with different exercise prices from the options reported in Table II

Remarks:

/s/ Joseph Boshart

12/18/2006

** 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.