FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ngton, D.C. 20549	OMB APPROVAL

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

1. Name and Address of Reporting Person* Fischer Timothy L					<u>CF</u>	2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC [CCRN]										all app Direct Offic	er (give title Other (s		wner (specify	
(Last) (First) (Middle) C/O CROSS COUNTRY HEALTHCARE, INC. 5201 CONGRESS AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 03/31/2017									President						
(Street) BOCA R (City)	ATON FI		33487 (Zip)		_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - Nor	n-Deriv	ative/	Se	curitie	s Ac	quired,	Dis	posed o	f, or	Ben	eficia	ally (Owne	ed			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						Day/Year) Ex		2A. Deemed Execution Date, f any Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securit Disposed 5)			ties Acquired (A) I Of (D) (Instr. 3, 4			Securi Benefi	cially I Following	Form: (D) or	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or D)	Price		Transaction(s) (Instr. 3 and 4)				(
Common Stock 03/31						7			A		5,746	(1)	A	A \$0		16,307			D	
	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. Deeme Execution if any (Month/Da	Date,		Transaction Code (Instr.		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			ice of vative irity r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or	ount nber ires						

Explanation of Responses:

1. These restricted shares of common stock vest in three equal installments. The installments will vest on March 31, 2018, March 31, 2019 and March 31, 2020.

Remarks:

/s/ Timothy L. Fischer
** Signature of Reporting Person

04/03/2017

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.