FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|
| | | | |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

| (Last) (First) | , | ۸ | | 2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC CCRN] | | | | | | - ` | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title Other (specify | | | | | |
|---|------------|-------------|--------|---|--|---|--|--------|--|--|--|---|---|--|-------------|--|
| (Last) (First) (Middle) C/O CROSS COUNTRY HEALTHCARE, INC. 5201 CONGRESS AVE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/22/2017 | | | | | | Pres., Cross Country Staffing | | | | | | |
| (Street) BOCA RATON FL (City) (State) | N FL 33487 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | Lin | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | Code (| ransaction Disposed Of (D) (Instr. 3, 2) (ode (Instr. 5) | | (A) or 3, 4 and | or 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Code | v | Amount | Amount (A | | Price | Transa | action(s) 3 and 4) | | (1113411 4) | |
| Common Stock 03/3 | | 03/22 | 2/2017 | 7 | | | A | | 7,444 ⁽ | 1) | A | \$0 | 1 | 13,328 | 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) (Month/Day/Year) 3A. Deemed Execution Date if any (Month/Day/Year) | | ution Date, | | Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ative rities ired osed . 3, 4 | or | | nt of ities lying ative ity (Ins | tr. 3 | B. Price of Derivative Security Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. Settlement of performance shares granted March 31, 2016 pursuant to the issuer's Omnibus Stock Incentive Plan, which were settled based on the achievement of performance targets and are payable in shares of restricted stock. The shares of restricted stock will vest on December 31, 2018, provided that the reporting person remains an employee of the issuer at such time.

Remarks:

/s/ Vickie Anenberg

03/24/2017 ** 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.