FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL							
OMB Number:	3235-0287							
Estimated average burden								
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* WARD JONATHAN W (Last) (First) (Middle)						Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC [CCRN] Just of Earliest Transaction (Month/Day/Year)											ationship of Reporting (all applicable) Director Officer (give title below)			10% Ov Other (s below)	wner specify
6551 PARK OF COMMERCE BOULEVARD, N.W.							09/10/2009											Pres., Cross Country Staffing			
(Street) BOCA RATON FL 33487					4. 11	f Ame	endmei	nt, Date of Original Filed				(Month/Day/Year)				Indivi ne) X	<i>'</i>			orting Perso	on
(City) (State) (Zip)																	Person				
		Tab	le I - No	n-Deriv	<i>r</i> ative	Se	curit	ies Ad	cqu	ired, ا	Disp	osed c	of, oı	r Be	neficia	lly (Owned	l			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						ar)	2A. Deemed Execution Date, if any (Month/Day/Yea			3. Transac Code (II 8)					ed (A) or tr. 3, 4 an	4 and Secur Benef Owne		s ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
											v	Amount		(A) or (D)	Price	Reported Transact (Instr. 3		ion(s)			(Instr. 4)
Common Stock 09/10/							2009			M		1,000	0	A	\$7.7	⁷ 5 56,		,379		D	
Common	on Stock			09/10	10/2009					S		1,000	0 D		\$10)	55,379		D		
		٦	able II -									sed of onverti				y Oı	wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		of Deri Sec Acq (A) (Disp of (I	osed D) tr. 3, 4	Ex	Date Exe kpiration lonth/Day	Date		7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		f G Security	De Se	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Da Ex	ate kercisable		xpiration ate	Title		Amount or Number of Shares						
Employee Stock Option (right to buy)	\$7.75	09/10/2009			M ⁽¹⁾			1,000		(2)	12	2/16/2009	Com Sto		1,000		\$0	239,64	4	D	

Explanation of Responses:

- 1. The stock sale reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 12, 2009.
- 2. The options exercised are fully vested.

Remarks:

/s/ Jonathan Ward

09/11/2009

** 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.