FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C. 20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMEN
obligations may continue. See	
Instruction 1(b).	Filed

## NT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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

1. Name and Address of Reporting Person* <u>Clark Kevin Cronin</u>						2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC [ CCRN ]									ationship of Reportir k all applicable) Director Officer (give title below)		ng Person(s) to Is 10% Ov Other (s below)		wner	
(Last) (First) (Middle) C/O CROSS COUNTRY HEALTHCARE, INC.						3. Date of Earliest Transaction (Month/Day/Year) 03/26/2024													specify	
6551 PARK OF COMMERCE BOULEVARD, N.W.					4. If <i>I</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	X Form filed by One Reporting Person					
(Street) BOCA R	(Street) BOCA RATON FL 33487				Rul	Rule 10b5-1(c) Transaction Indication									Form filed by More than One Reporting Person					
(City) (State) (Zip)						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	or E	Benef	icially	/ Own	ed				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,			3. Transaction Code (Instr. 8)  4. Securities A Disposed Of (I 5)								Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	or Pi	ice	Transa	action(s) 3 and 4)			(111501.4)	
Common Stock 03/26/2					2024				Α		64,211(1)	A	<b>A</b>	\$0 6		30,715		D		
Common Stock														3,961				By Spouse <sup>(2)</sup>		
	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 of Date (Month/Day/Year) Price of Derivative Security  3. Transaction Date (Month/Day/Year)  34. Deemed Execution Date, if any (Month/Day/Year)			4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct ( or Indir (I) (Inst	Ownership	Beneficial Ownership (Instr. 4)		
					Code		(A)	(D)	Date Exercisable		Expiration Date	Title	Amou or Numb of Share	er						

## **Explanation of Responses:**

- 1. Settlement of performance shares granted March 31, 2021 pursuant to the Issuer's Omnibus Stock Inventive Plan, which were settled based on the achievement of performance targets and are payable in shares of restricted stock.
- 2. Represents shares held by Mr. Clark's spouse. Mr. Clark disclaims beneficial ownership of such shares, except to the extent of his pecuniary interest therein.

03/28/2024

\*\* Signature of Reporting Person

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.