FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

# STATEMENT 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*  HENSEL EMIL						2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC [ CCRN ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title X Other (specify				
(Last) (First) (Middle) C/O CROSS COUNTRY HEALTHCARE, INC. 6551 PARK OF COMMERCE BLVD., N.W.				2.	3. Date of Earliest Transaction (Month/Day/Year) 08/11/2014									Former Officer and Director					
(Street) BOCA RATON FL 33487  (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)									individual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	e I - Non	-Deriv	ative	Secu	uritie	es Acc	uired,	Dis	osed o	f, or Be	neficia	lly O	wned				
Dat				Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)					s ally ollowing	Form (D) o	: Direct I r Indirect I str. 4)	7. Nature of ndirect Beneficial Dwnership
									Code	v	Amount	(A) or (D)	Price	T	Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock <sup>(1)</sup> 08/11.					/2014	2014			М		2,167	' A	\$4.	35	102,775			D	
Common Stock 08/13.					/2014				S		5,000	D	\$7.	98	151,502			I ]	By wife
		Та	able II - I (								sed of, onvertik			/ Ow	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transactio Code (Instr 8)		n of		6. Date Expiration (Month/D	n Date	Amount of		of S g e Security	Deri Sec (Ins	rice of vative urity tr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amoun or Numbe of Shares						
Stock Appreciation	\$4.35	08/11/2014			М			5,000	(2)	(	06/01/2019	Common Stock	5,000		\$ <mark>0</mark>	173,26	52	D	

#### **Explanation of Responses:**

- 1. Mr. Hensel will exercise Stock Appreciation Rights and as a result of such exercise will receive an aggregate of 2,167 shares.
- 2. The Stock Appreciation Rights were exercisable on June 1, 2013 and June 1, 2014.

# Remarks:

Rights

/s/ Emil Hensel

08/13/2014

\*\* 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.