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	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934
	The pursuant to deduct 10(a) of the deduction Excitating 7 for or 1304

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

1. Name and Address of Reporting Person* ANENBERG VICKIE						2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC [CCRN]										ationship of Reporting k all applicable) Director Officer (give title below)		ng Per	g Person(s) to Issuer 10% Owner Other (specify below)	
	(Last) (First) (Middle) C/O CROSS COUNTRY HEALTHCARE, INC. 6551 PARK OF COMMERCE BOULEVARD, 1				03/24/2010											Pres., Cross Country Staffing				
(Street) BOCA R (City)	ATON FI		33487 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										dividual or Joint/Group Filing (Check Applicable 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																			
=- · · · · · · · · · · · · · · · · · ·				2. Transaction Date (Month/Day/Year)		ır) E	2A. Deemed Execution Date, if any (Month/Day/Year)				ties Acquired (A) I Of (D) (Instr. 3, 4			and Securi Benefi		cially I Following	Forn (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or D)	Price	_ Trai		action(s) . 3 and 4)			,
Common	Stock			03/24	/2016				A		13,565	(1)	A	\$	0	15	50,323		D	
Common	mmon Stock															4,120			I	By children
	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. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		of		6. Date E Expiratio (Month/E	on Dat		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)				vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	, G	10. 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 Num of Shai							

Explanation of Responses:

1. Settlement of performance shares granted March 31, 2015 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, 2017, provided that the reporting person remains an employee of the issuer at such time.

Remarks:

/s/ Vickie Anenberg

03/28/2016

** 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.