FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington

washington, D.C. 20049	OMB APP	ROVAL
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235

	OMB Number:	3235-0287								
	Estimated average burden									
ı	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* <u>LEWIS DANIEL J</u>					CR	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 Other (specify					
(Last) (First) (Middle) 1108 SE 14TH AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 10/01/2007									below)		untir	below)	·
(Street) DEERFIELD BEACH S33441				4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City)	(Sta		ip)																
		Table	e I - Non	-Deriv	ative	Seci	urities	Acq	ıuired,	Disp	oosed o	f, or Be	enef	icially	y Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				Execution Date		Date,	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				5. Amour Securitie Beneficia Owned F Reported	es Form ally (D) o following (I) (In		Direct I Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) (D)	or F	Price	Transacti (Instr. 3 a	ion(s)			111501. 4)	
Common Stock 10/01/				./2007		A		2,538 A		\$0	2,638			D					
		Ta	able II - D )								osed of, onvertib				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date, Transa Code (			of I		6. Date Ex Expiration (Month/Da	n Date	•	Amount of			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisab		Expiration Date	Title	or Nu of	nount imber ares					
Stock Appreciation Rights	\$18.25	10/01/2007			A		1,260		(1)	1	10/01/2014	Common	1 1,	,260	\$0	34,076		D	

## **Explanation of Responses:**

1. The stock appreciation rights vest in four equal installments beginning on October 1, 2008.

## Remarks:

/s/ Daniel Lewis

10/02/2007

\*\* 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.