FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response:							

Instruc	tion 1(b).	munuc. o	000		Filed	pursua or Se	nt to S ction 3	section 16 80(h) of th	6(a) one Inv	of the S vestme	ecuriti nt Cor	es Exchang npany Act o	e Act o	f 1934		nours	per res	sponse:	0.5
1. Name and Address of Reporting Person*  Krug Marc S.					2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC CCRN									5. Relationship of Reporting Person(s) to Is (Check all applicable)  Director 10% On Other (sive title)				wner	
(Last) (First) (Middle) C/O CROSS COUNTRY HEALTHCARE, INC. 6551 PARK OF COMMERCE BOULEVARD,					3. Date of Earliest Transaction (Month/Day/Year) 06/14/2022								X Officer (give title Other (specify below)  Group President, Delivery						
N.W.  (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 ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(=-9)		()	·		n-Deriva	tive S	ecui	rities A	cqu	uired,	Dis	posed of	, or B	enefic	ially Owr	ned			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execution Date,		ution Date,				4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			nd Secur Benef Owne	Amount of ecurities eneficially wened following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) (D)	Price	e Reported Transaction(s (Instr. 3 and 4)				(Instr. 4)			
Common Stock 06/14/2					06/14/2	2022	22 F 1,138 <sup>(1)</sup> D \$18.07 41,278		1,278		D								
			Tab	ole II -								osed of, o				d			
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution D or Exercise (Month/Day/Year) if any		ion Date,	4. Transaction Code (Instr. 8) S. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ve es d	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)			

## **Explanation of Responses:**

1. These shares were withheld to satisfy tax withholding obligations for restricted stock which vested on June 14, 2022.

/s/ Marc S. Krug 06/16/2022

Title Shares

\*\* 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).

Code V

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.

(A) (D) Exercisable Date