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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person [*] FITZGERALD GALE S	CR	suer Name and Tick <u>OSS COUNT</u> CRN]	•	Symbol CTHCARE INC		ationship of Reporting Person(s) to Issuer k all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O CROSS COUNTRY HEALTHCARE, INC	03/1	ate of Earliest Trans 0/2023	action (Month/	Day/Year)		Officer (give title below)	Other below	(specify /)			
6551 PARK OF COMMERCE BOULEVARD N.W. (Street)	4. lf /	Amendment, Date o	f Original Filed	(Month/Day/Year)	6. Indiv Line) X	/idual or Joint/Grou Form filed by On Form filed by Mc Person	e Reporting Pe	rson			
BOCA RATON FL 33487 (City) (State) (Zip)		Check this box to indic	cate that a transa	ion Indication action was made pursuant ns of Rule 10b5-1(c). See			itten plan that is i	ntended to			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1. Title of Security (Instr. 3) 2. The Date	ansaction	2A. Deemed	3. Transaction	4. Securities Acquired (Disposed Of (D) (Instr. 3		5. Amount of Securities	6. Ownership	7. Nature			

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction		4. Securities Disposed Of and 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			
Common Stock	03/10/2023		G ⁽¹⁾		79,918	D	\$ <mark>0</mark>	79,918	D		
Common Stock	03/10/2023		G ⁽¹⁾		79,918	A	\$0	79,918	Ι	By family trust ⁽²⁾	
Common Stock	06/01/2023		А		5,812 ⁽³⁾	A	\$ <mark>0</mark>	85,730	D		

	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. Transac Code (li 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)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. This transaction involved the reporting person's gift of shares to a family trust for which the reporting person's spouse serves as trustee.

2. These shares are held in a trust for the benefit of the reporting person. The reporting person disclaims beneficial ownership of these securities, and the filing of this report is not an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.

3. These restricted shares of common stock will vest June 1, 2024.

/s/ Gale S. Fitzgerald

06/05/2023

** 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.

OMB APPROVAL

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