FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL				
	OMB Number:	3235-0287				
l	Estimated average burd	en				
l	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

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Name and Address of Reporting Person* Decree Delegation A.							2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Dean Deborah A.</u>															Director			10%	Owner		
							CCRN]									Office	er (give title v)	Othe belov	r (specify v)		
(Last) (First) (Middle)							Date of Earliest Transaction (Month/Day/Year)								SVP of Sales and Marke				ng		
C/O CROSS COUNTRY HEALTHCARE, INC.						06/01/2015										٠,	1 of bares	una munca	"5		
6551 PARK OF COMMERCE BLVD., NW						1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3															
OSSITITATE OF COMMERCE DEVIS., IVW						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
, a					"	4. II Amendment, Date of Original Flied (Month/Ddy/ fedi)									Line)						
(Street)															X Form filed by One Reporting Person						
BOCA R	ATON FL	. 3	3487													Form filed by More than One Reporting					
															Person						
(City)	(St	ate) (2	Zip)																		
		Tabl	e I - Non	-Deriv	ative	Se	curitie	s Acq	uired,	Dis	posed o	f, oı	r Ben	eficia	ally (Dwne	ed				
1. Title of S	ecurity (Inst	r. 3)		2. Transa	action					3. 4. Securities Acquired (A)								6. Ownership	7. Nature		
				Date (Month/D)av/Yea	Execution Date, if any			Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)			3, 4 ar	nd	Securi Benefi		Form: Direct (D) or Indirect	of Indirect Beneficial				
(Month)					ouy, i cc	(Month/Day/Year)							Owned Following		d Following	(I) (Instr. 4)	Ownership				
										Ī	1	(A) or Dri		Ī	Repor		ted action(s)		(Instr. 4)		
						Code	V_	Amount		(D)	Price		(Instr. 3 and 4)								
Common Stock (restricted) ⁽¹⁾ 06/01/									F		1,364		D	\$10.56		4	0,459	D			
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		Ia	ble II - D. e)								onvertib				y Ow	/nea					
4 Tide -6	•	0 T					_					_			0.5		0. Normale and a		T44 Notes		
1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day		4. Transa	ction			6. Date Exercisable and Expiration Date			7. Title and Amount of			8. Price of Derivative		9. Number o derivative	10. Ownership	11. Nature of Indirect		
Security	or Exercise				Code (Instr								Securities Underlying Derivative		Security		Securities	Form:	Beneficial		
(Instr. 3)	Price of Derivative				8)		Securities Acquired								(Instr. 5)	. 5)	Beneficially Owned	Direct (D) or Indirect	Ownership (Instr. 4)		
	Security						(A) or		Security (Insti				str. 3	3		Following	(I) (Instr. 4)	, ,			
						Disposed of (D)		and 4			na 4)				Reported Transaction	(s)					
							(Instr. 3, 4									(Instr. 4)					
			L			and 5)															
														ount				- 1			
													or Nu	nber				- 1			
				Code	v	(A)		Date Exercisal		Expiration Date	Title	of Sha	roc								
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Explanation of Responses:

1. The shares were withheld to satisfy Ms. Dean's tax withholding obligation for restricted stock which vested on June 1, 2015.

Remarks:

/s/ Deborah A. Dean

06/02/2015

** 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.