The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

Notice of Exempt Offering of Securities

OMB APPROVAL

OMB 3235Number: 0076

Estimated average burden hours per 4.00

response:

1. Issuer's Identity

CIK (Filer ID Number)

Previous
Names

None

Entity Type

0001141103 CROSS COUNTRY INC X Corporation

Name of Issuer Limited Partnership

CROSS COUNTRY HEALTHCARE INC

Limited Liability Company

Jurisdiction of
Incorporation/OrganizationGeneral PartnershipDELAWAREBusiness TrustOther (Specify)

Year of Incorporation/Organization

X Over Five Years Ago

Within Last Five Years (Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

CROSS COUNTRY HEALTHCARE INC

Street Address 1 Street Address 2

6551 PARK OF COMMERCE BOULEVARD, N.W.

City State/Province/Country ZIP/PostalCode Phone Number of Issuer

BOCA RATON FLORIDA 33487 8003472264

3. Related Persons

Last Name First Name Middle Name

Clark Kevin C.

Street Address 1 Street Address 2

6551 Park of Commerce Blvd., N.W.

City State/Province/Country ZIP/PostalCode

Boca Raton FLORIDA 33487

Relationship: X Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Mr. Clark is the President and Chief Executive Officer.

Last Name First Name Middle Name

Ball Susan E.

Street Address 1 Street Address 2

6551 Park of Commerce Blvd., N.W.

City State/Province/Country ZIP/PostalCode

Boca Raton FLORIDA 33487

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Ms. Ball is the Executive Vice President, Chief Administrative Office and General Counsel of the Issuer.

Last Name First Name Middle Name

Burns William

Street Address 1 Street Address 2

6551 Park of Commerce Blvd., N.W.

City State/Province/Country ZIP/PostalCode

J.

Boca Raton FLORIDA 33487

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Mr. Burns is the Executive Vice President and Chief Financial Officer of the Issuer.

Last Name First Name Middle Name

Jung Pamela K.

Street Address 1 Street Address 2

6551 Park of Commerce Blvd., N.W.

City State/Province/Country ZIP/PostalCode

Boca Raton FLORIDA 33487

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Mr. Jung is the President of the Cross Country Workforce Solutions Group of the Issuer.

Last Name First Name Middle Name

Martins John A.

Street Address 1 Street Address 2

6551 Park of Commerce Blvd., N.W.

City State/Province/Country ZIP/PostalCode

Boca Raton FLORIDA 33487

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Mr. Martins is the Group President, Delivery of the Issuer.

Last Name First Name Middle Name

McDonald Colin P.

Street Address 1 Street Address 2

6551 Park of Commerce Blvd., N.W.

City State/Province/Country ZIP/PostalCode

Boca Raton FLORIDA 33487

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Mr. McDonald is the SVP of Human Resources of the Issuer.

Last Name First Name Middle Name

Mote Karen

Street Address 1 Street Address 2

6551 Park of Commerce Blvd., N.W.

City State/Province/Country ZIP/PostalCode

Boca Raton FLORIDA 33487

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Ms. Mote is the President, Cross Country Locums of the Issuer.

Last Name First Name Middle Name

Noe Phil

Street Address 1 Street Address 2

6551 Park of Commerce Blvd., N.W.

City State/Province/Country ZIP/PostalCode

Boca Raton FLORIDA 33487

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Mr. Noe is the Chief Information Officer of the Issuer.

Last Name First Name Middle Name

Purgay Gerald

Street Address 1 Street Address 2

6551 Park of Commerce Blvd., N.W.

City State/Province/Country ZIP/PostalCode

Boca Raton FLORIDA 33487

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Mr. Purgay is the Chief Marketing Officer of the Issuer.

Last Name First Name Middle Name

Spiegel Mihal

Street Address 1 Street Address 2

6551 Park of Commerce Blvd., N.W.

City State/Province/Country ZIP/PostalCode

Boca Raton FLORIDA 33487

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Mr. Spiegel is the President, Education of the Issuer.

Last Name First Name Middle Name

White Buffy S.

Street Address 1 Street Address 2

6551 Park of Commerce Blvd., N.W.

City State/Province/Country ZIP/PostalCode

Boca Raton FLORIDA 33487

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Ms. White is the Group President, Workforce Solutions of the Issuer.

Last Name First Name Middle Name

Cash W. Larry

Street Address 1 Street Address 2

6551 Park of Commerce Blvd., N.W.

City State/Province/Country ZIP/PostalCode

Boca Raton FLORIDA 33487

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Dircks Thomas C.

Street Address 1 Street Address 2

6551 Park of Commerce Blvd., N.W.

City State/Province/Country ZIP/PostalCode

Boca Raton FLORIDA 33487

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Fitzgerald Gale

Street Address 1 Street Address 2

6551 Park of Commerce Blvd., N.W.

City State/Province/Country ZIP/PostalCode

Boca Raton FLORIDA 33487

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Freeman, Sr. Darrell S.

Street Address 1 Street Address 2

6551 Park of Commerce Blvd., N.W.

City State/Province/Country ZIP/PostalCode

Boca Raton FLORIDA 33487

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Nevin Janice E.

Street Address 1 Street Address 2

6551 Park of Commerce Blvd., N.W.

City State/Province/Country ZIP/PostalCode

Boca Raton FLORIDA 33487

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Perlberg Mark

Street Address 1 Street Address 2

6551 Park of Commerce Blvd., N.W.

City State/Province/Country ZIP/PostalCode

Boca Raton FLORIDA 33487

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Trunfio Joseph A.

Street Address 1 Street Address 2

6551 Park of Commerce Blvd., N.W.

City State/Province/Country ZIP/PostalCode

Boca Raton FLORIDA 33487

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

4. Industry Group

Agriculture Health Care Retailing
Banking & Financial Services Biotechnology Restaurants
Commercial Banking Health Insurance Technology

Insurance Hospitals & Physicians Computers

Investment Banking Pharmaceuticals Telecommunications
Pooled Investment Fund X Other Health Care Other Technology

Is the issuer registered as Manufacturing Travel

an investment company under the Investment Company Act of 1940?

Real Estate Airlines & Airports

Commercial Lodging & Conventions

Yes No Construction Tourism & Travel Services

Other Banking & Financial Services REITS & Finance Other Travel

Business Services Residential Other

Energy Other Real Estate

Electric Utilities

Energy Conservation

Environmental Services

Oil & Gas
Other Energy

Coal Mining

5. Issuer Size

Revenue Range OR Aggregate Net Asset Value Range

No Revenues No Aggregate Net Asset Value

\$1 - \$1,000,000 \$1 - \$5,000,000

\$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000

\$25,000,001 -\$100,000,000 \$50,000,001 - \$100,000,000

Over \$100,000,000

X Decline to Disclose
Not Applicable

Over \$100,000,000

Decline to Disclose
Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

Rule 504(b)(1) (not (i), (ii) or (iii))	Investment Company Act Section 3(c)		
Rule 504 (b)(1)(i)	Section 3(c)(1)	Section 3(c)(9)	
Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii)	Section 3(c)(2)	Section 3(c)(10)	
X Rule 506(b)	Section 3(c)(3)	Section 3(c)(11)	
Rule 506(c)	Section 3(c)(4)	Section 3(c)(12)	
Securities Act Section 4(a)(5)	Section 3(c)(5)	Section 3(c)(13)	
	Section 3(c)(6)	Section 3(c)(14)	

7.	Type	of	Filing	
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X New Notice Date of First Sale 2021-12-16 First Sale Yet to Occur Amendment

8. Duration of Offering

Does the Issuer intend this offering to last more than one year? Yes X No

9. Type(s) of Securities Offered (select all that apply)

Pooled Investment Fund Interests X Equity Debt Tenant-in-Common Securities

Option, Warrant or Other Right to Acquire Another Security Mineral Property Securities

Security to be Acquired Upon Exercise of Option, Warrant or X Other (describe) Other Right to Acquire Security

Common Stock

10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such X Yes No as a merger, acquisition or exchange offer?

Clarification of Response (if Necessary):

In connection with the acquisition of substantially all of the assets of Selected, Inc.

11. Minimum Investment

Minimum investment accepted from any outside investor \$0 USD

12. Sales Compensation

Recipient Recipient CRD Number X None

(Associated) Broker or Dealer CRD (Associated) Broker or Dealer X None X None

Number

Street Address 1 Street Address 2

States

ZIP/Postal City State/Province/Country Code

State(s) of Solicitation (select all that apply) All Check "All States" or check individual Foreign/non-US

States

13. Offering and Sales Amounts

Total Offering Amount \$1,527,920 USD or Indefinite

Total Amount Sold \$1,527,920 USD

Total Remaining to be Sold \$0 USD or Indefinite

Clarification of Response (if Necessary):

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering. Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$0 USD Estimate
Finders' Fees \$0 USD Estimate

Clarification of Response (if Necessary):

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
CROSS COUNTRY HEALTHCARE INC	/s/ Susan E. Ball	Susan E. Ball	Executive Vice President of the Issuer	2021-12-30

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.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.