SEC For	m 4 FORM 4	4 U	NITEI		TES :	SEC					ХСНАМ	IGE	со	оммі	SSIO	N				
			Washington, D.C. 20549											OME	APPRO	VAL				
to Section 16. Form 4 or Form 5 obligations may continue. See					pursua	T OF CHANGES IN BENEFICIAL OWNI pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									Estimat			B Number: 3235-0287 mated average burden rs per response: 0.5		
1. Name and Address of Reporting Person [*] <u>CASH W LARRY</u>					CR	2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC [CCRN]									(Check all applicable) X Director Officer (give			10% Owner e title Other (specify		
(Last) (First) (Middle) C/O CROSS COUNTRY HEALTHCARE, INC. 6551 PARK OF COMMERCE BOULEVARD, N.W.					08/3	3. Date of Earliest Transaction (Month/Day/Year) 08/30/2022									below	,		below)		
(Street) BOCA RATON FL 33487						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	,					
(City)																				
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficially	y Own	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					cution	Deemed ution Date, / th/Day/Year)		iction Instr.	4. Securities Acquired (Disposed Of (D) (Instr. 3 5)					Forr (D) d	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) (D)		Price	Transactio				(Instr. 4)	
Common Stock 08/30/2					2022	.022			Р		1,500	A \$		\$25.6	5 177,899			D		
		Та									osed of, convertib				Ownee	d				
Derivative Conversion Date Execusive or Exercise (Month/Day/Year) if any			if any	emed 4. Transa Code (I Day/Year) 8)					6. Date Exercisable a Expiration Date (Month/Day/Year)		ite	Amount o Securities Underlyin Derivative Security (I 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
		Code V (A) (D) Date Expiration Date Title		Title	or Num of Shar															

Explanation of Responses:

/s/ W. Larry Cash ** Signature of Reporting Person

08/30/2022 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.