FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-028							
Estimated average	hurdon							

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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OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

1. Name and Address of Reporting Person*  WARD JONATHAN W  (Last) (First) (Middle)  6551 PARK OF COMMERCE BOULEVARD, N.W.						Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC CCRN      3. Date of Earliest Transaction (Month/Day/Year) 09/01/2009  4. If Amendment, Date of Original Filed (Month/Day/Year)											tionship of Reporting Personal applicable) Director Officer (give title below) Pres., Cross Country			10% Owner Other (specify below)  ry Staffing	
(Street) BOCA RATON FL 33487				.   '''	4. п Ашенишен, раке от Опуша гней (мониграу/теаг)										ndividual or Joint/Group Filing (Check Applicable )  X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(:	State)	(Zip)													Perso	on				
			le I - Noi	1		_			_		Dis	1				lly Owne					
Di				Date	Transaction ate Ionth/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)			Transaction Disposed (Code (Instr. 5)		ities Acquired (A) o d Of (D) (Instr. 3, 4 a			Benefic Owned	ies ially Following	Form (D) o	n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	(A) or (D) P		Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)				
Common Stock				09/01	09/01/2009					M		1,000	0	A	\$7.7	5 50	5,379	D			
Common	Common Stock			09/01	/2009					S		1,000	0	D	\$9.7	5 55	55,379		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. Deemo Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)				Ex	6. Date Exercisa Expiration Date (Month/Day/Yea			Amoi Secu Unde Deriv	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ully	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Dat	te ercisabl		xpiration ate	Title	1	Amount or Number of Shares						
Employee Stock Option (right to buy)	\$7.75	09/01/2009			M <sup>(1)</sup>			1,000		(2)	12	2/16/2009	Comi Sto		1,000	\$0	240,64	14	D		

## **Explanation of Responses:**

- 1. The stock sale reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 12, 2009.
- 2. The options exercised are fully vested.

## Remarks:

/s/ Jonathan Ward

09/01/2009

\*\* 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.