FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	.C. 20549
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Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Inaterration 1/h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

Name and Address of Reporting Person* Noe Phillip Lyn						2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC [CCRN]									ck all app Direc	,	•	rson(s) to Is 10% O Other (wner
(Last) (First) (Middle) C/O CROSS COUNTRY HEALTHCARE, INC. 6551 PARK OF COMMERCE BLVD, N.W.					3. Date of Earliest Transaction (Month/Day/Year) 03/31/2022									belov	v) nief Inforn	natio	below) n Officer		
(Street) BOCA RATON FL 33487 (City) (State) (Zip)				4. If <i>I</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)									. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficiall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date			Executy/Year) if an		a. Deemed secution Date, any lonth/Day/Year)							, 4 and Securi Benefi		ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	or F	Price	Transa	saction(s) r. 3 and 4)			(111511. 4)
Common	ommon Stock 03/31/2			2022		A		4,753(1)	1	4	\$ <mark>0</mark>	12,049			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)	erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			on Date,	4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Str.	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)			Expiration Date	Title	or Numb of Share	ber						

Explanation of Responses:

 $1.\ These\ restricted\ shares\ will\ vest\ in\ three\ substantially\ equal\ installments\ on\ March\ 31,\ 2023,\ March\ 31,\ 2024,\ and\ May\ 10,\ 2025.$

/s/ Phillip Lyn Noe

04/04/2022

** 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.