FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, 5.0. 200-10	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
CIATEMENT OF CHARGES IN BEINE 101AE CHARGE	Estimated average burden			

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

Name and Address of Reporting Person*						2. Issuer Name <b>and</b> Ticker or Trading Symbol										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
TRUNFIO JOSEPH					CROSS COUNTRY HEALTHCARE INC [ CCRN ]									-   (C	check X	Direc	ctor		10% C			
(Last) (First) (Middle) 6551 PARK OF COMMERCE BLVD., N.W.						3. Date of Earliest Transaction (Month/Day/Year) 06/01/2012											Officer (give title below)		Other (s <sub>l</sub> below)			
(Street) BOCA RATON FL 33487 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)										Indiv ne) X	lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person						
			Tabl	e I - Nor	-Deriva	ative	Sec	uritie	s Acc	quired,	Dis	posed o	f, or	Bene	ficia	lly (	Owne	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						r) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (	Transaction Disposed Code (Instr. 5)		ties Acquired (A) d Of (D) (Instr. 3, 4			4 and Secu		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(	A) or D)	Price		Transaction(s) (Instr. 3 and 4)				(msu. 4)		
Common Stock <sup>(1)</sup> 06/01/2						2012			A		12,64	4	A \$0		38,633			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 Exercis Price of Derivative Security	se (Month/Day/Year) if any (Month/Da		Date, 1 (y)Year) 8	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amour or Numbe of Title Shares			nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Dir or (I)	vnership rm: ect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## Explanation of Responses:

1. The restricted shares of common stock vest in four equal installments. The installments will vest on June 1, 2013, June 1, 2014, June 1, 2015 and June 1, 2016.

## Remarks:

/s/ Joseph Trunfio

06/05/2012

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.