Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANG	SES IN BENEFICIAL	OWNERSHIP

**OMB APPROVAL** OMB Number: 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

1. Name and Address of Reporting Person $^{\star}$ Ball Susan E						2. Issuer Name and Ticker or Trading Symbol  CROSS COUNTRY HEALTHCARE INC  CCRN ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify					
(Last) (First) (Middle) 6551 PARK OF COMMERCE BLVD.					3. Date of Earliest Transaction (Month/Day/Year) 02/16/2005								X Officer (give title Other (specify below)  General Counsel & Asst. Secy.					´	
(Street) BOCA R (City)	ATON F	State)	33487 (Zip)									Lin	Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					ction 2A. Deemed Execution Date,			Transaction Disposed Code (Instr. 5)		of, or Beneficially ities Acquired (A) or d Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following		y	Form	: Direct Indirect str. 4)	'. Nature of Indirect Beneficial Ownership Instr. 4)		
							Code V	′	Amount	(A) or (D)	(A) or (D) Price		Reported Fransaction(s) Instr. 3 and 4)				,iiisti. 4)		
	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. Deemed Execution Date, if any (Month/Day/Year	Code	action (Instr.	ı of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		Derivative Security		D. Number derivative Securities Beneficiall Dwned Following Reported Fransactio Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Ownership	Beneficial Ownership ct (Instr. 4)	
				Code	v	(A) (D)		Date Exercisable		piration ate	Title	Amount or Number of Shares							
Employee Stock Option (Right to	\$15.6	02/16/2005		A		20,000		(1)	02.	//16/2015	Common Stock	20,000	\$(		31,000	)	D		

## **Explanation of Responses:**

1. The option vests in four equal annual installments beginning on February 16, 2006.

/s/Susan Ball

02/25/2005

\*\* 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.