FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549	OMB APPROVAL				
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-			

-0287 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

1. Name and Address of Reporting Person* FITZGERALD GALE S					2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC CCRN										all app Direct	tor er (give title	ng Per	10% Ov	wner
(Last)	Last) (First) (Middle) C/O CROSS COUNTRY HEALTHCARE, INC.					3. Date of Earliest Transaction (Month/Day/Year) 06/01/2024									below	()		below)	
6551 PARK OF COMMERCE BOULEVARD, N.W.				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person					
(Street)	ATON FI	2	2407												Form Perso	filed by Mo on	re tha	n One Rep	orting
BOCA R	OCA RATON FL 33487			Rule	Rule 10b5-1(c) Transaction Indication														
(City)	(St	ate) (Z	Zip)		Check this box to indicate that a transaction was made pursuant satisfy the affirmative defense conditions of Rule 10b5-1(c). See							suant to a See Inst	contra	act, instru n 10.	uction or writt	en pla	n that is inte	nded to	
		Table	I - Noi	n-Deriva	tive S	ecui	rities	s Acq	uired,	Dis	osed of	or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date,			3. 4. Securities Acquired (Disposed Of (D) (Instr. 3)				, 4 and Securiti		ies cially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	nount (A) or (D)		e	Transaction(s) (Instr. 3 and 4)				(111511. 4)	
Common Stock 06/01			06/01/	2024			A		9,921(1)	A	\$	0	95,651			D			
Common Stock													79,918			I	By family trust ⁽²⁾		
	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)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		n of		6. Date Expirati (Month/	on Da		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date		Amount or Number of Shares						

Explanation of Responses:

- 1. These restricted shares of common stock will vest June 1, 2025.
- 2. These shares are held in a trust for the benefit of the reporting person. The reporting person disclaims beneficial ownership of these securities, and the filing of this report is not an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.

06/04/2024 /s/ Gale S. Fitzgerald

** 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.