FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
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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* <u>Greene Greg</u>					CR	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 below)  Former Officer					
(Last) (First) (Middle) 6551 PARK OF COMMERCE BOULEVARD, N.W.						3. Date of Earliest Transaction (Month/Day/Year) 10/01/2010														
(Street) BOCA RATON FL 33487 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year) 10/05/2010									Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tabl	e I - Non	-Deriva	ative	Sec	curitie	s Ac	quired,	Dis	posed o	f, or I	Bene	ficia	lly Own	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date,		3. Transaction Code (Instr. 5) 4. Securities Acqu					d Secur Benef Owner	5. Amount of Securities Beneficially Owned Following Reported		nership : Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A (D	) or )	Price	Transa	r. 3 and 4)			(msu. 4)	
Common Stock <sup>(1)</sup>			10/01	/2010				F		279 <sup>(2)</sup>	) D		\$7.1	.3 1	17,801		D			
		Та	ble II - D (e								sed of, onvertib				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	(Month/Day/Year) if any (Month/Day/Year) Code (Month/Day/Year)		Transa Code (I			6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Date Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares		ount	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		). wnership orm: irect (D) · Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

## **Explanation of Responses:**

- 1. This amended Form 4 is being filed to properly report the vesting of restricted stock on October 1, 2010.
- 2. The shares were withheld to satisfy Mr. Greene's tax withholding obligation for restricted stock which vested on October 1, 2010.

## Remarks:

/s/ Gregory Greene

10/12/2010

\*\* 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.