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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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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). |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 [*] Grubbs William J | | n* | 2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---------|----------|---|---|-----------------------------------|-----------------------|--|--|--|
| | | | CCRN | X | Director | 10% Owner | | | |
| (Last) (First) (Middle) | | (Middle) | | x | Officer (give title below) | Other (specify below) | | | |
| C/O CROSS COUNTRY HEALTHCARE, INC. | | , | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2018 | President and CEO | | | | | |
| 5201 CONGRESS AVENUE | | | | | | | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | idual or Joint/Group Filing | g (Check Applicable | | | |
| BOCA RATON | FL | 33487 | | X | Form filed by One Repo | orting Person | | | |
| | | | | | Form filed by More thar Person | One Reporting | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | 5. Amount of Securities Beneficially Owned Following Reported | 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) | | (1130.4) |
| Common Stock | 03/31/2018 | | A | | 80,491(1) | A | \$ <mark>0</mark> | 434,232 | D | |
| Common Stock | 03/31/2018 | | F | | 6,048 ⁽²⁾ | D | \$11.11 | 428,184 | D | |
| Common Stock | 03/31/2018 | | F | | 7,725 ⁽²⁾ | D | \$11.11 | 420,459 | D | |
| Common Stock | 03/31/2018 | | F | | 8,168(2) | D | \$11.11 | 412,291 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivativ Security (Instr. 3) | | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | | vative rities lired r osed) r. 3, 4 | 6. Date Exerc Expiration Da (Month/Day/Y | ate | 7. Title Amour Securi Under Deriva Securi and 4) | nt of ties lying tive ty (Instr. 3 | 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 Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. These restricted shares of common stock vest in three equal installments. The installments will vest on March 31, 2019, March 31, 2020 and March 31, 2021.

2. These shares were withheld to satisfy Mr. Grubbs' tax withholding obligation for restricted stock which vested on March 31, 2018.

Remarks:

/s/ William J. Grubbs

04/02/2018

** 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.