FORM 4

to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours nor resnance	. 05							

Instruc	ction 1(b).			Filed		nt to Section 16(a) ction 30(h) of the In					934		liours	рег гезропзе.	
Name and Address of Reporting Person*     DIRCKS THOMAS C				2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC [ CCRN ]					Ch)	eck all app X Direc	licable)	ing Person(s) to Issuer  10% Owner  Other (specify			
(Last) (First) (Middle) C/O CROSS COUNTRY HEALTHCARE, INC. 5201 CONGRESS AVENUE			3. Date of Earliest Transaction (Month/Day/Year) 12/22/2020						belov		below				
(Street) BOCA F	RATON FI		33487 Zip)		4. If Ar	nendment, Date o	f Origina	al Filed	(Month/Day	/Year)	Line	e) <mark>X</mark> Form	filed by On	p Filing (Check e Reporting Per re than One Re	son
		Table	I - Non	-Deriva	tive S	ecurities Acq	uired,	Disp	osed of,	or Ben	eficia	lly Own	ed		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)				d (A) or r. 3, 4 an	Benefi	ties	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									l					10,000	
							Code	v	Amount	(A) or (D)	Price	Report Transa		,,,	(Instr. 4)
Common	ı Stock			12/22/2	2020		Code G <sup>(1)</sup>	v V	Amount 74,005	(A) or (D)	Price \$0	Report Transa (Instr. :	ed ction(s)	D	
Common				12/22/2						(D)		Report Transa (Instr. :	ed ction(s) 3 and 4)		
		Tal		12/22/2	2020 ve Sec	curities Acquills, warrants,	G <sup>(1)</sup> G <sup>(1)</sup>	v	74,005 74,005 psed of, o	D A	\$0 \$0	Report Transa (Instr.:	ed ction(s) 3 and 4) 8,983 4,005	D	By Dircks Family

## **Explanation of Responses:**

Price of Derivative Security

(Instr. 3)

1. This transaction involved a gift of securities by the Reporting Person to a family trust. The Reporting Person disclaims beneficial ownership of the shares held by the family trust, and this report should not be deemed an admission that the Reporting Person is the beneficial owner of such shares for purposes of Section 16 or for any other purpose.

Date

Exercisable

Securities

Acquired
(A) or
Disposed
of (D)
(Instr. 3, 4

and 5)

(A) (D)

/s/ Thomas C. Dircks

Underlying Derivative

3 and 4)

Title

Expiration

Security (Instr.

Amount or Number (Instr. 5)

12/28/2020

Beneficially

Owned Following

Reported Transaction(s) (Instr. 4)

Direct (D)

or Indirect (I) (Instr. 4)

Ownership

(Instr. 4)

\*\* Signature of Reporting Person Date

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

(Month/Dav/Year)

- \* 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).

Code

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.