FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB APPROVAL OMB Number: 3235

OMB Number:	3235-0287
Estimated average burde	
hours per respense:	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

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	Address of R	eporting Person*		2. Issuer Name <b>and</b> Ticker or Trading Symbol  CROSS COUNTRY HEALTHCARE INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u> </u>	-/11111L	<u>u</u>	CCI	CCRN ]									Director  Officer (give title			10% Ov	·		
(Last)	-										below)	(give title		Other (specify below)					
` ,	Firs) K OF COM	t) (M IMERCE BLVD		3. Date of Earliest Transaction (Month/Day/Year) 06/01/2010									Principal Accounting Officer				.		
000117110	ROI COM	INITIAL DEVE										_							
(Street)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
BOCA RATON FL 33487															X Form filed by One Reporting Person				ո
															Form filed by More than One Reporting				
(City) (State) (Zip)													Person						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						r) Ex	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 5		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				5. Amour Securitie Beneficia Owned F	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
						Code	v	Amount	(A) or (D)		Price		orted nsaction(s) tr. 3 and 4)			(Instr. 4)			
Common S	/2010		A		5,000		A	\$ <mark>0</mark>	15,267		D								
Common Stock 06/01/						/2010					476(1)		D	\$8.09	14,	14,791		D	
		Ta	able II -	Derivat	ive S	ecur	rities A	Acqu	ired, D	ispo	sed of,	or Be	nefi	cially	Owned			<u> </u>	
				(e.g., p	uts, c	alls,	, warra	ants,	option	s, c	onvertib	ole se	curit	ies)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transacti Code (Ins		on of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)		Date Exercisal		Expiration Date	Title	O N O	umber					
Stock Appreciation Rights	\$8.09	06/01/2010			A		5,000		(2)	(	06/01/2017	Comm		5,000	\$0	26,367	,	D	

## **Explanation of Responses:**

- 1. The shares were withheld to satisfy Mr. Lewis's tax withholding obligation for restricted stock which vested on June 1, 2010.
- 2. The stock appreciation rights vest in four equal installments beginning on June 1, 2011.

## Remarks:

/s/ Daniel Lewis

06/02/2010

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.