FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number: 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

Name and Address of Reporting Person*     Greene Greg							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 X Other (specify				
(Last) (First) (Middle) 6551 PARK OF COMMERCE BOULEVARD, N.W.							3. Date of Earliest Transaction (Month/Day/Year) 10/01/2010									Former Officer				
(Street) BOCA RATON FL 33487 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									i. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transar Date (Month/Date							ar)	Executio if any	Deemed ecution Date, ny onth/Day/Year)				ties Acquired (A) o d Of (D) (Instr. 3, 4					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	Tran	saction(s) r. 3 and 4)	ction(s)		(111511. 4)
Common Stock 10/01/						1/2010	,					1,057(	1)	Α	\$	0	17,023		D	
Common Stock 10/01/						1/2010						279 <sup>(2)</sup>		D	\$7.	13	16,744		D	
	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)	2. Conversion or Exercise Price of Derivative Security	Exercise ice of rivative	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	Date,		ransaction Code (Instr.		of E		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)		,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or	ount nber res					

## **Explanation of Responses:**

- 1. This amended Form 4 is being filed to report the vesting of 1,057 shares 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 10/05/2010

\*\* 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.