FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* Mote Karen					2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC CCRN									(Ch	eck all app Direc	licable)	ng Person(s) to Is 10% Ov Other (s		wner	
(Last) (First) (Middle) C/O CROSS COUNTRY HEALTHCARE, INC. 6551 PARK OF COMMERCE BOULEVARD,					3. Date of Earliest Transaction (Month/Day/Year) 03/28/2022										X Office (give title Shelow) below) President - MD Associates					
N.W. (Street) BOCA RATON FL 33487 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	, Dis	posed of	, or	Ben	eficia	lly Own	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution D		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				Benefi	ties cially I Following	6. Owne Form: D (D) or In (I) (Instr	irect direct . 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										v	Amount	(A)) or)	Price	Transa	ction(s) 3 and 4)				
Common Stock 03/28/2					2022				A		5,335(1)	,	A	\$0.0	0 3	7,253	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. Conversior or Exercise Price of Derivative Security		if any	med on Date, Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y/		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		nstr.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y Ow For Dir or (I)	vnership rm: ect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

1. Settlement of performance shares granted March 31, 2019 pursuant to the issuer's Omnibus Stock Incentive Plan, which were settled based on the achievement of performance targets and are payable in shares of restricted stock

/s/ Karen Mote

03/29/2022

** 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.