FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
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

Clark K	. Name and Address of Reporting Person*  Clark Kevin Cronin  (Last) (First) (Middle)  C/O CROSS COUNTRY HEALTHCARE, INC.					2. Issuer Name and Ticker or Trading Symbol     CROSS COUNTRY HEALTHCARE INC     [ CCRN ]      3. Date of Earliest Transaction (Month/Day/Year)     06/01/2024								5. Relationship of Reporti (Check all applicable)  Director  Officer (give title below)			ng Person(s) to Issuer 10% Owner Other (speci below)		wner
6551 PARK OF COMMERCE BOULEVARD, N.W.  (Street)				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)      Form filed by One Reporting Person     Form filed by More than One Reporting Person						
BOCA R	OCA RATON FL 33487				Rule 10b5-1(c) Transaction Indication														
(City)	ity) (State) (Zip)					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,					Disposed C	urities Acquired (A) sed Of (D) (Instr. 3, 4			5. Amo Securit Benefic Owned Reporte	ies ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) o (D)	r Price	,	Transa	action(s) 3 and 4)			(Instr. 4)
Common Stock 06/01/20						024					9,921(1)	A	\$	0	652,318			D	
Common Stock 06/01/2					.024				F		2,150(2)	D	\$15	.12 650		0,168	D		
Common Stock													3,961				By Spouse <sup>(3)</sup>		
	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)					Transaction Code (Instr.		vative rrities sired r osed ) r. 3, 4	6. Date Expirat (Month	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		int		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (Dor Indire (I) (Instr.	Ownership	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Number of Shares	<u> </u>					

## Explanation of Responses:

- 1. These restricted shares of common stock will vest on June 1, 2025.
- 2. These shares were withheld to satisfy tax withholding obligation for restricted stock which vested on June 1, 2024.
- 3. Represents shares held by Mr. Clark's spouse. Mr. Clark disclaims beneficial ownership of such shares, except to the extent of his pecuniary interest therein.

/s/ Kevin C. Clark

06/04/2024

\*\* 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.