FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL				
	OMB Number:	3235-0287				
l	Estimated average burd	en				
l	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

1. Name and Address of Reporting Person*  ANENBERG VICKIE							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  X Officer (give title Other (specify					
(Last) (First) (Middle) 7801 E. UPPER RIDGE DR.							3. Date of Earliest Transaction (Month/Day/Year) 08/19/2008										.0	Count	below) ry Staffing	`	
(Street) PARKLAND FL 33067						4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)	X Form filed by One Reporting Person Form filed by More than One Reporting					
(City) (State) (Zip)																Person					
		Tab	le I - No	n-Deriv	ative	Se	curit	ies Ad	cqu	ıired, D	isp	osed c	of, or Bo	enef	ficially	/ Owned	ŀ				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution Date,				Code (Instr. 5)					5. Amou Securition Benefici Owned I Reporte	es Formally (D) (Following (I) (I		n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										Code	,	Amount	(A) (D)	or F	Price	Transac (Instr. 3	tion(s)			(111501.4)	
Common Stock 08/19/3						2008				М		3,450 A			\$7.75	20	20,480		D		
		7	able II -										, or Ber ble sec			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,		Transaction Code (Instr.		umber vative urities uired or posed O) tr. 3, 4	Ex	Date Exer piration D onth/Day/	ate	Amou Securi Under Deriva		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Da:	te ercisable	E) Da	piration ate	Title	or Nu of	mber ares						
Employee Stock Option (right to buy)	\$7.75	08/19/2008			М			3,450		(1)	12	/16/2009	Common Stock	3,	450	\$0	22,748 <sup>(2</sup>	2)(3)	D		

## **Explanation of Responses:**

- 1. The options are fully vested.
- 2. Following the option exercise now reported in row 1 of Table II, Ms. Anenberg has 22,748 options that expire December 16, 2009 to purchase Common Stock of the Company at an exercise price of \$7.75
- 3. In addition, Ms. Anenberg has 222,873 options to purchase Common Stock of the Company with different exercise prices from the options reported in Table II.

## Remarks:

/s/ Vickie Anenberg

03/19/2009

\*\* 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.