FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
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	Check this box if no longer subject to
\neg	Section 16. Form 4 or Form 5
J	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*					2. IS	2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
HENSEL EMIL						CCRN									X	X Director			10% Ov	vner		
(Last) (First) (Middle)							-										Officer (give title below)			specify		
2538 NW 64TH BLVD.							3. Date of Earliest Transaction (Month/Day/Year) 11/01/2006										Chief Financial Officer					
(Street)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)									
BOCA RATON FL 33496															X Form filed by One Reporting Person							
(City)	(S	State)	(Zip)											Form filed by More than One Reporting Person								
		Tab	le I - Noi	า-Deriv	ative	Se	curiti	ies Ac	qui	ired, D	isp	osed c	of, or Be	enefic	cially	Owned	l					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date,				Code (Instr. 5)						rities ficially d Following (: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
										Code	,	Amount	nt (A) or (D) Pr		ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 11/01/2						2006				M		3,500 A S		\$	7.75	131,	1,520 ⁽¹⁾		D			
		-	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. Deemo Execution if any (Month/Da	Date,		Transaction Code (Instr.		vative urities uired or oosed O) tr. 3, 4	6. Date Exercisa Expiration Date (Month/Day/Year			Amount of		of s ng e Secu	C S (I	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Blly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exe	e rcisable	Ex Da	piration ite	Title	Amo or Num of Shar	ber							
Employee Stock Option (Right to Buy)	\$7.75	11/01/2006			М			3,500		(2)	12	/16/2009	Common Stock	3,5	00	\$7.75	55,896 ⁰	(3)	D			

Explanation of Responses:

- 1. 8,955 shares are held by Mr. Hensel directly, 84,927 are held by his wife, 12,473 are held by each of his two sons and 12,692 are held by his daughter. Mr. Hensel's three children are adults and as a result, he disclaims beneficial ownership of these shares.
- $2. \ \ The \ options \ exercised \ are \ fully \ vested.$
- $3.\ In\ addition,\ Mr.\ Hensel\ has\ 374,759\ options\ to\ purchase\ Common\ Stock\ of\ the\ Company\ with\ different\ exercise\ prices\ from\ the\ options\ reported\ in\ Table\ II.$

Remarks:

/s/ Emil Hensel

11/02/2006

** 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.