FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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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* <u>CASH W LARRY</u>					<u>CF</u>	2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC CCRN]									Check all	all applicable) Director		g Person(s) to Issuer 10% Owner			
(Last) 6551 PAF		(Firs	t) (I IMERCE BLVI	Middle) D., N.W.			3. Date of Earliest Transaction (Month/Day/Year) 05/22/2012										Officer (give title below)		Other (specify below)		
(Street) BOCA R (City)		FL (Stat		33487 Zip)		- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ine) X F F	-/				
			Tabl	e I - Nor	n-Deriv	/ative	Se	curitie	es Acc	quired,	Dis	posed o	f, or	Bene	efici	ally Ov	vned				
				2. Transaction Date (Month/Day/Year)		ar) i	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			(A) or 3, 4 a	nd Se Be Ov	Amount curities eneficial vned Fo eported	lly ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect		
				Code	v	Amount			(A (C	A) or D)	Price	Tra	Transaction(s) (Instr. 3 and 4)			(111501.4)					
Common Stock 05/					05/22	/22/2012				P		100		Α	\$4.	02	38,089		D		
Common	Stock				05/22	2/2012	2			P		900		A	\$4.013 38,989 D						
			Та									sed of, onvertib				y Own	ed				
Security or (Instr. 3) Pri	2. Conversic or Exercis Price of Derivative Security	on I	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,		Transaction Code (Instr.		of		xercis on Dat Day/Ye		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Price Derivati Security (Instr. 5	ve der / Sed) Bei Ow Fol Rej Tra	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
						Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Nun of Sha	nber						

Explanation of Responses:

Remarks:

/s/ W. Larry Cash

05/22/2012

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).