FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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	OMB APPI	ROVAL						
OME	3 Number:	3235-0287						
Estir	Estimated average burden							
hour	s 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* Noe Phillip Lyn				2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC CCRN								Check	tionship of Reportir all applicable) Director Officer (give title		ng Person(s) to Is 10% Ov Other (s		wner		
(Last)	t) (First) (Middle) CROSS COUNTRY HEALTHCARE, INC.					3. Date of Earliest Transaction (Month/Day/Year) 03/31/2023								X	below	below) Chief Information		below)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
6551 PARK OF COMMERCE BLVD, N.W.				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) BOCA RATON FL 33487													X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication													
						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	Secui	rities	Acq	uired,	, Dis	posed of	, or Be	nefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acq Disposed Of (D) (5)				Acquired (A) or (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported		Form: Direct		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	(A) or (D)	Price	•	Transa	saction(s) : 3 and 4)			(IIISti. 4)		
Common Stock 03/31/2					2023		A		4,615(1)	A	\$	50 1:		5,707 D		D			
Common Stock 03/31/2					2023		F		623(2)	D	\$22	.32	32 15,084			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. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	ution Date, Tran		ction Instr.	5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instrand 5	rities lired r osed) : 3, 4	Expiration Da		te	Amount of Securities Underlying Derivative Security (In 3 and 4) Amount of Market Security (In 3 and 4)		t r		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

- 1. These restricted shares of common stock vest in three substantially equal installments. The installments will vest on March 31, 2024, March 31, 2025 and March 31, 2026.
- 2. These shares were withheld to satisfy tax withholding obligation for restricted stock which vested on March 31, 2023.

/s/ Phillip L. Noe

04/04/2023

** 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.