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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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*  Halnon William G				<u>CF</u>	2. Issuer Name and Ticker or Trading Symbol  CROSS COUNTRY HEALTHCARE INC  CCRN ]									5. Relationshi (Check all app Direct X Office		olicable)	ng Pers	10% O		
	,	NTRY HEALTHO	Middle)	IC.		3. Date of Earliest Transaction (Month/Day/Year) 03/31/2018											w) ``	below) nation Officer		
(Street)	ATON F	L 3	33487 Zip)		4. If											S. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person				
		Tabl	e I - No	n-Deriv	/ative	Se	curiti	es Ac	quire	d, Di	sposed	of,	or B	enefi	cially	/ Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Dat		on Date,	3. Transaction Code (Instr. 5) 4. Securit Disposed 5)			rities ed Of	Acqui f (D) (In	red (A) Istr. 3, 4	and Secur Benef		icially d Following	Form (D) or	vnership :: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Cod	e V	Amoun	t	(A) (D)	or Pr	ice	Trans	action(s) 3 and 4)			(1130.4)
Common Stock 03/3:				L/2018	/2018					8,04	5 <sup>(1)</sup>	A		\$0	14,269			D		
Common Stock 03/31				1/2018				F		532	(2)	D	\$	11.11	11 13,737			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)	3A. Deem Executior if any (Month/Da	n Date,	Code (Inst				Expira	6. Date Exercisable at Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		De Se (In	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Or For Di Or (I)	0. wnership orm: irect (D) r Indirect ) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exerci	sable	Expiratio Date			Amoun or Numbe of Shares	r						

## Explanation of Responses:

- 1. These restricted shares of common stock vest in three equal installments. The installments will vest on March 31, 2019, March 31, 2020 and March 31, 2021.
- 2. These shares were withheld to satisfy Mr. Halnon's tax withholding obligation for restricted stock which vested on March 31, 2018.

## Remarks:

<u>/s/ William G. Halnon</u> <u>04/03/2018</u>

\*\* 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.