| SEC Form 4 |
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FORM 4

| UNITED STATES | SECURITIES AND | EXCHANGE | COMMISSION |
|---------------|--------------------|-----------------|------------|
| | Marchineters D.O.O | 0540 | |

Washington, D.C. 20549

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL li

| | OMB Number: | 3235-0287 |
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| | hours per response: | 0.5 |
| - L | | |

| 1. Name and Address of Reporting Person [*] Greene Greg (Last) (First) (Middle) 1645 MURFREESBORO ROAD | | | 2. Issuer Name and Ticker or Trading Symbol <u>CROSS COUNTRY HEALTHCARE INC</u> [<u>CCRN</u>] | | ationship of Reporting Person(s) to Issuer (all applicable) Director 10% Owner Officer (give title Other (specify below) below) | | |
|---|-------------|----------|---|-------------------|--|---------------|--|
| | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 05/06/2008 |] | Pres., Cross Country | y Education | |
| 1045 100000 | LODORO ROMD | | 05/06/2008 | | | | |
| SUITE J | | | | | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | lividual or Joint/Group Filing (Check Applicable | | |
| (Street) | | | | I ' | | | |
| NASHVILLE | TN | 37217 | | X | Form filed by One Repo | orting Person | |
| , | | | | | Form filed by More than Person | One Reporting | |
| (City) | (State) | (Zip) | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|------|---|---|---------------|-------------------|---|---|---|
| | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (incur i) |
| Common Stock | 05/06/2008 | Α | | 5,000 | Α | \$ <mark>0</mark> | 9,230 | 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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|-------|-----|--|--------------------|--|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Appreciation Rights | \$13.02 | 05/06/2008 | | А | | 2,087 | | (1) | 05/06/2015 | Common Stock | 2,087 | \$0 | 21,417 | D | |

Explanation of Responses:

1. The stock appreciation rights vest in four equal installments beginning on May 6, 2009.

/s/ Gregory Greene

** Signature of Reporting Person

05/06/2008

Date

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

 \ast 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.