FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

shington, D.C. 20549				
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subje	(
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

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

Name and Address of Reporting Person*     Nevin Janice Elizabeth				2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC [ CCRN ]							5. Relationship (Check all app Direct		licable) tor	g Pers	son(s) to Is  10% Ov  Other (s	vner			
(Last)	(Last) (First) (Middle) C/O CROSS COUNTRY HEALTHCARE, INC.					3. Date of Earliest Transaction (Month/Day/Year) 06/01/2024								below	r (give title )		below)	вреспу	
6551 PARK OF COMMERCE BOULEVARD, N.W.			4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting								
(Street)															Perso		re tnar	1 One Repo	orting
BOCA RATON FL 33487			Rul	Rule 10b5-1(c) Transaction Indication															
(City)	(:	State) (2	Zip)			Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Ir									uction or writte	en plan	n that is inter	nded to	
Table I - Non-Derivativ						Secu	rities	Acq	uired,	Dis	posed of	, or B	enefic	cially	Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)			Execution Date,		3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (Instr. 5)						5. Amo Securit Benefic Owned Report	ties cially Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) c (D)	Pric	e	Transa	ction(s) 3 and 4)			(IIIsti. 4)	
Common Stock 06/01/2				2024			A		9,921(1)	A		<b>60</b>	35,756			D			
Common Stock 06/01/2			2024			F		2,150(2)	D	\$1	5.12	.12 33,606			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)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any			4. Transa Code ( 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		int		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 Exercisable		Expiration Date	Title	Number of Shares						

## **Explanation of Responses:**

- 1. These restricted shares of common stock will vest on June 1, 2025.
- 2. These shares were withheld to satisfy tax withholding obligations for restricted stock which vested on June 1, 2024.

/s/ Janice Elizabeth Nevin

06/04/2024

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.