FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* Krug Marc S. (Last) (First) (Middle) C/O CROSS COUNTRY HEALTHCARE, INC. 6551 PARK OF COMMERCE BOULEVARD, N.W.						CR (CC 3. Da	Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC CCRN 3. Date of Earliest Transaction (Month/Day/Year)									eck all ap Dire X Offic belo	ionship of Reporti all applicable) Director Officer (give title below)		10% Ov Other (s below)	Owner (specify
						-	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Group President, Delivery 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person				
(Street) BOCA R	ATON F	FL	3	3487	Rul	Form filed by More than One Reporting Person Rule 10b5-1(c) Transaction Indication												orting		
(City)	(\$	State	e) (Z	Zip)		Check this box to indicate that a transaction was made pursuant satisfy the affirmative defense conditions of Rule 10b5-1(c). See											ruction or writ	ten plan t	that is inter	nded to
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date				2. Transac Date (Month/Da	Executy/Year) if any		Deemed ecution Date, ny onth/Day/Year)		3. Transaction Code (Instr. 8)						Secur Benef Owne	icially d Following	Form:	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership	
										Code	v	Amount	(A) (D)	or	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock 03				03/31/2	2024				A		10,217(1)	1) A		\$ <mark>0</mark>	4	55,547		D		
Common	mmon Stock 03/31/2			024				F		2,338(2)	Г)	\$18.7	2 5	53,209		D			
Common	Stock				03/31/2	2024				F		1,433(2)	Г)	\$18.7	⁷ 2 51,776 D				
Common	Stock				03/31/2	2024				F		975(2)	Ι)	\$18.7	.72 50,801 D				
Common	mmon Stock 03/31/20				.024				F		1,124(2))	\$18.7	2 4	49,677		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) (Month/Day/Year) 3. Transaction Date (Month/Day/Year) Execution If any (Month/Day)			tion Date,	4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	rities ired r osed : 3, 4	6. Date Expirat (Month	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		nstr.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owner Form Direct or Inc (I) (In	wnership	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code		(A)	(D)	Date Exercisable		Expiration Date	or		nber					

Explanation of Responses:

- 1. These restricted shares of common stock vest in three substantially equal installments. The installments will vest on March 31, 2025, March 31, 2026 and March 31, 2027.
- 2. These shares were withheld to satisfy tax withholding obligation for restricted stock which vested on March 31, 2024.

/s/ Marc S. Krug

04/02/2024

** 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.