FORM 4

Check this box if no longer subject

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
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hours per response:	0.5								

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

1. Name and Address of Reporting Person*  Nevin Janice Elizabeth					2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC CCRN									5. Relationship of Repor (Check all applicable) X Director			ng Pei	10% O	wner
(Last)	(Fii	rst) (N	Middle)												Office	er (give title v)		Other ( below)	specify
C/O CROSS COUNTRY HEALTHCARE, INC. 6551 PARK OF COMMERCE BOULEVARD, N.W.					3. Date of Earliest Transaction (Month/Day/Year) 06/01/2021														
IV. VV.						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														X	Form	filed by One	e Rep	oorting Pers	son
BOCA RATON FL 33487														Form filed by More than One Reporting Person					
(City)	(St	ate) (Z	Zip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)					Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired Disposed Of (D) (Instr. 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		Pric	e	Transa	action(s) 3 and 4)			(IIISU. 4)
Common Stock 06/01/20					:021			A		6,663 <sup>(1)</sup> A		4	0	25,579			D		
Common Stock 06/01/20				2021			F		6,628(2)	D	\$10	\$16.51		17,951		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)	tive Conversion Date ty or Exercise (Month/Day/Year)   Execution Date, if any			sinsaction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) de V (A) (D)		rative rities ired r osed ) : 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)  Amoun or Numbe of Title Shares		int per		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		

## **Explanation of Responses:**

- 1. These restricted shares of common stock will vest on June 1, 2022.
- 2. These shares were withheld to satisfy Ms. Nevin's tax withholding obligation for restricted stock which vested on June 1, 2021.

06/03/2021 /s/ Janice Elizabeth Nevin

\*\* Signature of Reporting Person

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.