FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, D.C. 20549

STATEMENT	OF CHANG	ES IN BENE	EFICIAL (OWNERSHIP

OMB APPROVAL

OMB Number: 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

Name and Address of Reporting Person* DIRCKS THOMAS C					<u>CF</u>	2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC [CCRN]										tionship of Reportir all applicable) Director		g Person(s) to Issuer 10% Owne		
	st) (First) (Middle) D CROSS COUNTRY HEALTHCARE, INC. 51 PARK OF COMMERCE BLVD., N.W.				3. Date of Earliest Transaction (Month/Day/Year) 06/01/2014										Office below	er (give title w)		ther (elow)	specify	
(Street)	(Street) BOCA RATON FL 33487			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								i. 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 - Nor	-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, oı	r Bene	efici	ally	Owne	ed			
1. Title of Security (Instr. 3) 2. Transa Date (Month/Date)					Execution Date,		Code	Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			4 and Secu Bene		cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount		(A) or (D)	Pric	e	Transaction(s) (Instr. 3 and 4)				(msu: 4)	
Common Stock (restricted) ⁽¹⁾			06/01	06/01/2014				A		17,33	31 A		\$	0	40,531		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Conversion Date Security or Exercise (Month/Day/Year)		3A. Deeme Execution if any (Month/Da						Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V		(A)		Date Evercisa		Expiration	Title	Nun of	nber						

Explanation of Responses:

1. The restricted shares of common stock will vest in three equal installments. The installments will vest on June 1, 2015, June 1, 2016 and June 1, 2017.

Remarks:

/s/ Thomas C. Dircks

** Signature of Reporting Person

06/03/2014

o oth r

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.