FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	DС	20549	
vasiliigton,	D.C.	20049	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-0										
Estimated average burden										
hours per respons	e: 0.5									

Check this box if no longer subject 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

1. Name and Address of Reporting Person* DIRCKS THOMAS C				2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC [CCRN]							5. Relationship of Report (Check all applicable) X Director Officer (give title)			10% Owne		
(Last) (First) C/O CROSS COUNTRY 6551 PARK OF COMMIN.W.		RE, INC.	3. Date of Earliest Tran 06/01/2022 4. If Amendment, Date				`		6.	belov Individual o	v)		belo	w)``		
(Street) BOCA RATON FL	334	-87								Li	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State)	(Zip															
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/		on 2A. Deemed Execution Date,		3. Transaction		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5)		d (A) or	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
				Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)			
Common Stock 06/01/20)22	22		A		7,201(1)	Α	\$0	73,5	73,582)			
Common Stock									49,265		I		By Dircks Family Foundation			
Common Stock										74,005		I		By Dircks Family LLC		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
Derivative Conversion Date	e E nth/Day/Year) if	A. Deemed xecution Date, any Month/Day/Year)	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	Expir	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownersh Form: Direct (E or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)	
			Code	v	(A) (D)	Date Exerc	cisable	Expiration Date		Amount or Number of Shares						

Explanation of Responses:

1. These restricted shares of common stock will vest June 1, 2023.

/s/ Thomas C. Dircks 06/02/2022

** Signature of Reporting Person Date

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

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.

^{*} 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).