FORM 4

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

Washington, D.C. 20549

549	OMB APPROVAL

OMB Number:	3235-0287					
Estimated average burd	en					
hours per response:	0.5					

## 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

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* <u>ANENBERG VICKIE</u>						2. Issuer Name and Ticker or Trading Symbol  CROSS COUNTRY HEALTHCARE INC [ CCRN ]									elationship deck all applic Directo	able)	ig Pers	son(s) to Iss 10% O Other (	wner	
(Last) 7801 E. U	(Firs	,	1iddle)		3. Date of Earliest Transaction (Month/Day/Year) 05/06/2008											Count	below)	·		
(Street) PARKLAN	ND FL (Sta		3067 ip)		4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)									) <mark>X</mark> Form fi	nal or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transa Date (Month/D.						Execution Date,				3. 4. Securit Transaction Disposed Code (Instr. 5)				(A) or	5. Amour Securitie Beneficia Owned F	s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
Common Stock				05/06	6/2008				Code	v	Amount 7,500	(D)		Price \$0	Transact (Instr. 3 a	Reported Transaction(s) (Instr. 3 and 4)		D	(Instr. 4)	
		Ta									sed of, onvertil	or B			Owned		<u> </u>			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transa Code ( 8)		n of		6. Date Exercis. Expiration Date (Month/Day/Yea		•	7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title		Amount or Number of Shares						
Stock Appreciation Rights	\$13.02	05/06/2008			A		3,131		(1)		05/06/2015	Com	imon ock	3,131	\$0	245,57	71	D		

## **Explanation of Responses:**

 $1. \ The \ stock \ appreciation \ rights \ vest \ in \ four \ equal \ annual \ installments \ beginning \ on \ May \ 6, \ 2009$ 

/s/ Vickie Anenberg

05/06/2008

\*\* 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.