FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
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*  ANENBERG VICKIE						2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC [ CCRN ]									eck all applic	ionship of Reportin all applicable) Director Officer (give title		son(s) to Iss 10% O Other (	wner
(Last) 7801 E. U	(Firs	,	⁄iddle)			ate of 01/20		Transa	action (Mo	onth/E	Day/Year)		below)	below) Pres., Cross (		below)	`		
(Street) PARKLAI	ND FL (Sta	_	3067 Zip)		4. If <i>i</i>	Line) X Form									) <mark>X</mark> Form fi	Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting n			
1. Title of Security (Instr. 3) 2. Tran			2. Trans	saction 2   E  Day/Year		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			(A) or	5. Amour Securitie Beneficia Owned F	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
Common S	Stock			10/01	1/2007	-			Code	v	Amount 5,922	_	A) or D)	Price \$0	Reported Transact (Instr. 3 a	ion(s)	(Instr. 4)		
		Ta							,		osed of, onvertil			,	Owned			'	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transactio Code (Inst 8)		n of		6. Date E: Expiratio (Month/D	9		int of rities rlying	ecurity 4)	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisal		Expiration Date	Title	1	Amount or Number of Shares					
Stock Appreciation	\$18.25	10/01/2007			A		2,940		(1)		10/01/2014	Comn		2,940	\$0	236,53	18	D	

#### **Explanation of Responses:**

1. The stock appreciation rights vest in four equal annual installments beginning on October 1, 2008.

# Remarks:

/s/ Vickie Anenberg

10/02/2007

\*\* 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.