FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-		

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).

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* Burns William J.					CR	2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC [CCRN]										all app	licable)		Issuer Owner r (specify
		rst) (I TRY HEALTHO MMERCE BLVI			3. Date of Earliest Transaction (Month/Day/Year) 03/31/2016										Chief Financial Officer				
(Street) BOCA R (City)	ATON FL		33487 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)					ear)		is. 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 - No	n-Deriv	ative	Sec	uritie	es Ac	quired,	Dis	posed o	f, o	r Ben	efici	ally (Owne	ed		
Date		2. Transa Date (Month/D	ay/Year) Ex		2A. Deemed Execution Date, if any (Month/Day/Year)				4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4				and 5) Secur Benef		cially I 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)	Price	•	Transa	action(s) 3 and 4)		(IIISU. 4)
Common Stock 03			03/31/	/2016	2016			A		17,025(1)	A	\$	\$0		11,634	D		
Common Stock 03/31/			/2016	.016		F		1,383(2)		D	\$11.63		3 110,251		D				
Common Stock 04/01/2			/2016	2016		F		1,823(3)		D	\$11.54		108,428		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)	erivative Conversion Date Executi ecurity or Exercise (Month/Day/Year) if any								6. Date E Expiration (Month/E	n Dat		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		ıstr. 3			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nu of	ount mber ares					

Explanation of Responses:

- $1.\ These\ restricted\ shares\ of\ common\ stock\ vest\ in\ three\ equal\ installments.\ The\ installments\ will\ vest\ on\ March\ 31,\ 2017,\ March\ 31,\ 2018\ and\ March\ 31,\ 2019.$
- 2. These shares were withheld to satisfy Mr. Burns' tax withholding obligation for restricted stock which vested on March 31, 2016.
- 3. These shares were withheld to satisfy Mr. Burns' tax withholding obligation for restricted stock which vested on April 1, 2016.

Remarks:

/s/ William J. Burns 04/04/2016

** Signature of Reporting Person 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.