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 CHANGES I	N BENEFICIAL	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

1. Name and Address of Reporting Person* TRUNFIO JOSEPH					2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
TRUNFIO JUSEPH			CC	CCRN]									X Director		tor	10%	Owner		
(Last) (First) (Middle)																Office	er (give title v)	Other below	(specify
C/O CROSS COUNTRY HEALTHCARE, INC.					3. Date of Earliest Transaction (Month/Day/Year) 06/01/2017											,		,	
5201 CONGRESS AVENUE				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)														Li	Line) X Form filed by One Reporting Person				
BOCA R	ATON FI	. 3	33487												Λ		,	re than One Re	
																Pers		,	o .
(City)	(St	ate) (.	Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date)				Exe		2A. Deemed Execution Date, f any Month/Day/Year)		Code (Transaction Disposed Code (Instr. 5)			ities Acquired (A d Of (D) (Instr. 3,			Securi Benefi	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	.	Transaction(s) (Instr. 3 and 4)			(111501.4)	
Common Stock (restricted) ⁽¹⁾ 06/01.				1/2017				A		9,307	7	A	\$ <mark>0</mark>		119,360		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)	Derivative Conversion Date Execution Da Security or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		n of l		Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Pri Deriv Secui (Instr	ative rity	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 Exercisal		Expiration Date	Title	or Nun of	ber					

Explanation of Responses:

1. The restricted shares of common stock will vest in three equal installments. The installments will vest on June 1, 2018, June 1, 2019 and June 1, 2020.

Remarks:

/s/ Joseph Trunfio

06/02/2017

** Signature of Reporting Person

Date

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

- * 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.