FORM 4

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

Washington, D.C. 20549

	OMB APP	ROVAL				
IAL OWNERSHIP	OMB Number:	3235-0287				
IAL OWNEROIM	Estimated average	tod avorago burdon				

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

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*  DIRCKS THOMAS C  (Last) (First) (Middle)					CR	2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC [ CCRN ]									eck all app X Direc Office	tionship of Reporti all applicable) Director Officer (give title below)		ting Person(s) to Is  10% Ove Other (sellow)		er	
C/O CROSS COUNTRY HEALTHCARE, INC. 6551 PARK OF COMMERCE BOULEVARD, N.W.					12/2	3. Date of Earliest Transaction (Month/Day/Year) 12/28/2021															
(Street)	ATON FL		3487 Zip)		4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
Date		2. Transacti Date (Month/Day	Execu (Year) if any		Deemed ecution Date, ny onth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			and Securities Beneficia Owned F		s Ily	Form: (D) or I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4	*)		
Common Stock 12,		12/28/20	/2021				G	V	49,265	D	\$0	)	66,3	81	D						
Common Stock 1		12/28/20	12/28/2021				G	v	49,265	A	\$0	)	49,2	265		I By D Fami Foun					
Common Stock														74,0	005		By Di Famil LLC				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any					Transaction Code (Instr.		vative vrities vired r osed ) r. 3, 4	Expira	oate Exercisable and biration Date nth/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		·.	Derivative Security (Instr. 5) Bend Own Folio		rities Form ficially Direct ed or In- wing (I) (Ir rted eaction(s)		hip of Bo O) O ect (Ir	1. Nature f Indirect eneficial wnership nstr. 4)		
					Code		(A)	(D)	Date Exercisable		Expiration Date		Amoun or Number of Shares	r							

Explanation of Responses:

/s/ Thomas C. Dircks

12/29/2021

\*\* 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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).