FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-028							

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Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

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.				<u>CR</u>	2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC CCRN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify						
(Last) (First) (Middle) C/O CROSS COUNTRY HEALTHCARE, INC. 6551 PARK OF COMMERCE BLVD., NW				IC.	3. Date of Earliest Transaction (Month/Day/Year) 08/19/2014										X Officer (give title Other (specify below) Chief Financial Officer					
(Street) BOCA RATON FL 33487 (City) (State) (Zip)				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																				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				n/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Disposed Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3,			4 and Secu Bene		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 (1	A) or D)	Price		Transaction(s) (Instr. 3 and 4)			<u> </u>		
Common Stock ⁽¹⁾ 08/19					9/2014				A		10,00	0 A S		\$	\$0 81,994		1,994	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)	titive Conversion Date Execution Date, it or Exercise (Month/Day/Year)			Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)					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	nber						

Explanation of Responses:

1. The restricted shares of common stock will vest in three equal installments. The installments will vest on August 19 2015, August 19, 2015 and August 19, 2017.

Remarks:

/s/ William J. Burns

08/21/2014

** 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.