Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

	OMB APF	OMB APPROVAL							
	OMB Number: 3235-02 Estimated average burden								
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					or sec	tion sc	u(n) of the in	ivestifici	it Con	ipariy Act 0	1 1 9 4 0						
Name and Address of Reporting Person* Freeman Darrell S Sr				2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC CCRN							heck all app	ationship of Reporting Pers k all applicable) Director			ssuer		
(Last)	(F	irst) (1	Middle)		L CCI	XIV]							Offic belov	er (give title v)		Other (: below)	specify
C/O CROSS COUNTRY HEALTHCARE, INC. 6551 PARK OF COMMERCE BOULEVARD, N.W.				3. Date of Earliest Transaction (Month/Day/Year) 06/01/2021													
IV. VV.					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)													X Form	filed by One	e Repo	orting Pers	on
BOCA F	RATON FI	3	3487										Form Pers	n filed by Mo on	re thar	n One Rep	orting
(City)	(S	tate) (2	Zip)														
		Table	I - Non-D	erivat	tive Se	ecuri	ities Acq	uired,	Disp	osed of	, or Ber	nefici	ally Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				te	Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5)				nd Securi Benefi Owned	5. Amount of Securities Beneficially Owned Following		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount	(A) or (D)	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(IIISU. 4)		
Common Stock		06/01/2	021		A		6,663(1)	A	\$(56,647		D					
		Tal	ole II - De e.ç				ies Acqui arrants,							d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any Transaction Code (Instr. Derivative		of Derivative Securities Acquired (A) or Disposed of (D)	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y [0 [1 [0]	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)		

Date

Exercisable

Expiration Date

Explanation of Responses:

1. These restricted shares of common stock will vest June 1, 2022.

/s/ Darrell S. Freeman, Sr.

Amount Number

06/03/2021

** 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.

(A) (D)