SEC For	rm 4 FORM /	4 U			TES :	SEC	UR	ITIE	S AN	DE	XCHAN	IGE	CON	IMIS	SSIO	N			
				Washington, D.C. 20549											OMB APPROVAL				
to Section 16. Form 4 or Form 5 obligations may continue. See						<b>IT OF CHANGES IN BENEFICIAL OWN</b> pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									HIP	Estir	Estimated average burden		3235-0287 len 0.5
1. Name and Address of Reporting Person <sup>*</sup> Nevin Janice Elizabeth (Last) (First) (Middle)					CR	2. Issuer Name and Ticker or Trading Symbol <u>CROSS COUNTRY HEALTHCARE INC</u> [ CCRN ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify below) below)					
C/O CROSS COUNTRY HEALTHCARE, INC. 6551 PARK OF COMMERCE BOULEVARD, N.W.						3. Date of Earliest Transaction (Month/Day/Year) 06/01/2022													
(Street) BOCA RATON FL 33487					4. lf /	4. If Amendment, Date of Original Filed (Month/Day/Year)								<ul> <li>6. Individual or Joint/Group Filing (Check Applicable Line)</li> <li>X Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting Person</li> </ul>					
(City) (State) (Zip)																			
		Table	I - No	n-Deriva	ative \$	Secu	rities	s Acq	juired,	, Dis	posed of	, or B	enefi	cially	y Own	ed			
1. Title of Security (Instr. 3) Date (Month/Da				ay/Year) if any		Deemed cution Date, y nth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired ( Disposed Of (D) (Instr. 3 5)			4 and Securities Beneficia Owned Fo		ties cially I Following	For (D)	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D) Pr		e	Reported Transaction (Instr. 3 and				(Instr. 4)
Common Stock 06/01/2					2022	022			Α		7,201(1)	A		\$ <mark>0</mark>	25,15			D	
Common Stock 06/01/2					2022	022			F		2,465 <sup>(2)</sup>	D	\$1	7.36 22,68		2,687		D	
		Та									osed of, o				Owne	d			
1. Title of Derivative Security (Instr. 3)	Perivative Conversion Date Execut ecurity or Exercise (Month/Day/Year) if any		med 4. Transaction Code (Instr Bay/Year)			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Da (Month/Day/Yo		ate 'ear)	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) Amoun or Numbe of		- 1		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
						1		1	Dete:		Expiration	1 I.							

Explanation of Responses:

1. These restricted shares of common stock will vest on June 1, 2023.

2. These shares were withheld to satisfy Ms. Nevin's tax withholding obligation for restricted stock which vested on June 1, 2022.

## /s/ Janice Elizabeth Nevin

\*\* Signature of Reporting Person Date

06/02/2022

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.