Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Washington,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response.								

1. Name and Address of Reporting Person* TRUNFIO JOSEPH					2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC CCRN									ck all app Direc	licable) tor	ng Per	rson(s) to Is	vner	
(Last) (First) (Middle) C/O CROSS COUNTRY HEALTHCARE, INC. 6551 PARK OF COMMERCE BOULEVARD, N.W.					3. Date of Earliest Transaction (Month/Day/Year) 06/01/2021 4. If Amendment, Date of Original Filed (Month/Day/Year)								below		p Filin	Other (s below)			
(Street) BOCA F	RATON FL		3487 										Line) X	,					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day			Execution Date,		3. 4. Securities Acqi Transaction Disposed Of (D) (Code (Instr. 8) 5)			uired (A	A) or , 4 and	Benefic Owned	ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)					
							Code	v	Amount	Amount (A) or (D)		rice	Reported Transaction(s) (Instr. 3 and 4)				(IIISti. 4)		
Common Stock 06/01/2					2021		A		6,663(1)) A \$0		\$ <mark>0</mark>	195,085			D			
		Tal									osed of, o				Owne	d			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				Transaction of Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		otr.	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Date Exercis	able	Expiration Date	Title	Numb of Share							

Explanation of Responses:

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

/s/ Joseph Trunfio

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.