FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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0.5

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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(b).

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*  CASH W LARRY						2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
						CCRN ]									Off	ector ficer (give title	Other	Owner (specify	
(Last) (First) (Middle) C/O CROSS COUNTRY HEALTHCARE, INC. 6551 PARK OF COMMERCE BLVD., N.W.					3. Date of Earliest Transaction (Month/Day/Year) 06/01/2016										low)	below			
(Street) BOCA RATON FL 33487  (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Lin	e) <mark>X</mark> Fo Fo	idual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
		7	able I - Noi	n-Deriva	ative	Sec	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ly Owi	ned			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					/Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Code (Instr.		4. Securities Acquired (ADisposed Of (D) (Instr. 3, 5)			d Seci Ben Owr	mount of urities eficially ned Following orted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		(A) or (D)	Price	Tran	saction(s) tr. 3 and 4)		(Instr. 4)	
Common Stock (restricted) <sup>(1)</sup> 06/01/					/2016			A		7,263	3	A	\$0		96,253	D			
			Table II - I								sed of, onvertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversio or Exercise Price of Derivative Security		3A. Deem Execution if any (Month/Da	Date,	Date, Transact Code (In:				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			3. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Sha	nber					

## **Explanation of Responses:**

1. The restricted shares of common stock will vest in three equal installments. The installments will vest on June 1, 2017, June 1, 2018 and June 1, 2019.

## Remarks:

/s/ W. Larry Cash

06/02/2016

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.