SEC Form 4								
FORM	4							

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	Check this box to indicate that a
have a second	transaction was made pursuant to a
	contract, instruction or written plan
	for the purchase or sale of equity
	securities of the issuer that is
	intended to satisfy the affirmative
	defense conditions of Rule 10b5-
	1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

1. Name and Address of Reporting Person [*] CASH W LARRY		on [*]	2. Issuer Name and Ticker or Trading Symbol <u>CROSS COUNTRY HEALTHCARE INC</u> [CCRN]		tionship of Reporting Perso all applicable) Director Officer (give title	10% Owner	
6551 PARK OF	(First) DUNTRY HEALT COMMERCE BC	1 A A A A A A A A A A A A A A A A A A A	3. Date of Earliest Transaction (Month/Day/Year) 08/28/2017		below)	Other (specify below)	
N.W. (Street) BOCA RATON (City)	FL (State)	33487 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	idual or Joint/Group Filing Form filed by One Repor Form filed by More than Person	ting Person	

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.					5. Amount of Securities Beneficially Owned Following	Form: Direct	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	08/28/2017		Р		2,000	Α	\$12.08	195,632	D	
Common Stock	08/10/2018		Р		4,000	Α	\$9.29	199,632	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 6. Date Exercisable and 1. Title of 7. Title and 3. Transaction 3A. Deemed 5. Number 8. Price of 9. Number of 10. 11. Nature Derivative Conversion Date (Month/Day/Year) Execution Date, Expiration Date (Month/Day/Year) Amount of Derivative derivative Ownership Form: of Indirect Tran ction of Derivative or Exercise Price of Derivative if any Securities Securities Beneficial Security Code (Instr. Security Direct (D) or Indirect (I) (Instr. 4) Underlying Derivative Ownership (Instr. 4) (Instr. 3) (Month/Day/Year) 8) Securities (Instr. 5) Beneficially Acquired Owned (A) or Disposed of (D) (Instr. 3, 4 Security Security (Instr. 3 and 4) Following Reported Transaction(s) (Instr. 4) and 5) Amount or Number Expiration Date Code v (A) (D) Exercisable Date Title Shares

Explanation of Responses:

/s/ W. Larry Cash

12/31/2024

** 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.