

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 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

OMB APPROVAL	
OMB Number:	3235-0287
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1. Name and Address of Reporting Person* <u>HENSEL EMIL</u> (Last) (First) (Middle) <u>C/O CROSS COUNTRY HEALTHCARE, INC.</u> <u>6551 PARK OF COMMERCE BLVD., N.W.</u> (Street) <u>BOCA RATON FL 33487</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>CROSS COUNTRY HEALTHCARE INC [CCRN]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) Former Officer and Director
	3. Date of Earliest Transaction (Month/Day/Year) <u>06/03/2014</u>	
		6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting 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)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock (restricted) ⁽¹⁾	06/04/2014		D		38,125	D	\$0	99,018	D	
Common Stock ⁽²⁾	06/04/2014		M		1,590	A	\$4.35	100,608	D	
Common Stock ⁽³⁾	06/05/2014		S		3,000	D	\$6.75	165,812	I	By wife

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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 of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
Stock Appreciation Rights	\$4.35	06/04/2014		M			5,000	(4)	06/01/2019	Common Stock	5,000	\$0	216,387 ⁽⁵⁾	D	
Stock Appreciation Rights ⁽⁶⁾	\$4.35	06/03/2014		D			38,125	(4)	06/01/2019	Common Stock	38,125	\$0	178,262	D	

Explanation of Responses:

1. Represents forfeiture of unvested restricted stock.
2. Mr. Hensel will exercise Stock Appreciation Rights and as a result of such exercise will receive an aggregate of 1,590 shares.
3. Mr. Hensel's wife holds 165,812 shares.
4. The Stock Appreciation Rights were exercisable on June 1, 2013 and June 1, 2014.
5. This Form 4 is amended to reflect the expiration of 15,000 derivative securities on April 11, 2013.
6. This Form 4 is amended to reflect a forfeiture of Stock Appreciation Rights on June 3, 2014.

Remarks:

/s/ Emil Hensel

08/13/2014

** 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.