Edgar Filing: CROSS COUNTRY HEALTHCARE INC - Form 4

Form 4	UNTRY HEAL	THCARE	INC								
April 02, 2015 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB APPROVAL OMB 3235-028 Number:				
Check th if no long subject to Section 1 Form 4 c Form 5 obligatio may con <i>See</i> Instr 1(b).	ger o 16. or Filed pu ^{nns} tinue.	 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section a 20(b) of the Investment Company Act of 1940 									
(Print or Type]	Responses)										
1. Name and A Grubbs Wil	2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC [CCRN]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) C/O CROSS HEALTHC OF COMM	3. Date of Earliest Transaction(Month/Day/Year)03/31/2015					X Director 10% Owner X Officer (give title Other (specify below) Direction President and CEO					
				endment, Date Original onth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
BOCA RAT	FON, FL 33487							Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative S	Securi	ties Acq	uired, Disposed of	, or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	c) Execution any	ned n Date, if Day/Year)	3. Transactio Code (Instr. 8) Code V	4. Securit on(A) or Dis (Instr. 3, 4) Amount	sposed	of (D)	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)	
Common Stock (1)	03/31/2015			А	46,111	А	\$0	224,205	D		
Common Stock (2)	03/31/2015			F	5,126	D	\$ 11.86	219,079	D		
Common Stock (2)	04/01/2015			F	3,195	D	\$ 12.19	215,884	D		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not

(9-02)

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required to respond unless the form displays a currently valid OMB control number.

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	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities		ate	7. Title a Amount Underly Securitie (Instr. 3	of ing es	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne
	Security			Acquired (A) or Disposed						Follo Repo Trans
				of (D) (Instr. 3, 4, and 5)						(Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	or Title N of	lumber		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Grubbs William J C/O CROSS COUNTRY HEALTHCARE, INC. 6551 PARK OF COMMERCE BLVD., N.W. BOCA RATON, FL 33487	Х		President and CEO			
<u>~'</u>						

Signatures

/s/ William J. Grubbs 04/02/2015 <u>**</u>Signature of Date Reporting Person

Explanation of Responses:

- * 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).
- (1) The restricted shares of common stock vest in three equal installments. The installments will vest on March 31, 2016, March 31, 2017 and March 31, 2018.
- (2) The shares were withheld to satisfy Mr. Grubbs' tax withholding obligation for restricted stock which vested on March 31, 2015 and April 1, 2015.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.