CROSS COUNTRY HEALTHCARE INC

Form 4

November 14, 2016

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

Number: 3235-0287

Expires: January 31, 2005
Estimated average

burden hours per response... 0.5

if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

Check this box

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * ANENBERG VICKIE			2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC [CCRN]				ıg	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O CROSS COUNTRY HEALTHCARE, INC., 5201 CONGRESS AVE			3. Date of Earliest Transaction (Month/Day/Year) 11/09/2016					Director 10% Owner Officer (give title Other (specify below) Pres., Cross Country Staffing			
	(Street)	7		endment, Da nth/Day/Year	_			6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by N Person		rson	
(City)	(State)	(Zip)	Tab	le I - Non-D	erivative S	Securi	ties Acqu	iired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Execution any	med n Date, if Day/Year)	Code (Instr. 8)	4. Securition(A) or Dis (Instr. 3, 4	sposed 4 and 5 (A) or	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	11/09/2016			Code V M	Amount 18,000	(D)	Price \$ 7.44	174,559	D		
Common Stock	11/09/2016			D	10,278	D	\$ 13.03	164,281	D		
Common Stock	11/09/2016			M	30,000	A	\$ 4.35	194,281	D		
Common Stock	11/09/2016			D	10,016	D	\$ 13.03	184,265	D		
	11/09/2016			M	18,750	A	\$ 5.21	203,015	D		

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Common Stock

Common Stock 11/09/2016 D 7,498 D \$ 13.03 195,517 D Common Stock 4,120 I By children

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

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SEC 1474

(9-02)

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 or 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 Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amour or Number of Shar
Stock Appreciation Right	\$ 7.44	11/09/2016		M	18,000	<u>(1)</u>	06/01/2018	Common Stock	18,00
Stock Appreciation Right	\$ 4.35	11/09/2016		M	30,000	(2)	06/01/2019	Common Stock	30,00
Stock Appreciation Right	\$ 5.21	11/09/2016		M	18,750	(3)	06/01/2020	Common Stock	18,75

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

ANENBERG VICKIE C/O CROSS COUNTRY HEALTHCARE, INC. 5201 CONGRESS AVE BOCA RATON, FL 33487

Pres., Cross Country Staffing

Reporting Owners 2

Signatures

/s/ Vickie Anenberg 11/11/2016

**Signature of
Reporting Person

Date

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 Stock Appreciation Rights vested in four equal installments and became fully exercisable on June 1, 2015.
- (2) The Stock Appreciation Rights vested in four equal installments and became fully exercisable on June 1, 2016.
- (3) The Stock Appreciation Rights vest in four equal installments and become fully exercisable on June 1, 2017.

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.

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