Edgar Filing: CROSS COUNTRY HEALTHCARE INC - Form 4

| CROSS COU Form 4 May 25, 201 | JNTRY HEAL | THCARE | INC | | | | | | | | |
|--|---|--|---|--|---|---|-----------------|--|---|---------|--|
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | | PPROVAL 3235-0287 | | |
| Check thi if no long subject to Section 1 Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b). | 6. r Filed p inue. | 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 | | | | | | | | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> HENSEL EMIL | | | 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) 6551 PARK BLVD., N.V | 3. Date of Earliest Transaction(Month/Day/Year)05/23/2012 | | | | | _X_ Director10% Owner _X_ Officer (give title Other (specify below) | | | | | |
| | | | | f Amendment, Date Original d(Month/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 | | | |
| (City) | (State) | (Zip) | | IN D | • .• .• . | ~ • | | Person | е т . е • • | | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | Date 2A. Dee ar) Execution any | emed | 3. Transactio Code (Instr. 8) Code V | 4. Securi on(A) or Di (D) (Instr. 3, | ties A ispose | cquired d of | Juired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | or Beneficially Owned6. Ownership7. Nature oForm: DirectIndirect(D) orBeneficialIndirect (I)Ownership(Instr. 4)(Instr. 4) | | |
| Common Stock | | | | Code v | Amount | (D) | rice | 106,547 | D | | |
| Common Stock | 05/23/2012 | | | Р | 8,000 | А | \$ 3.95 | 164,502 | I | By wife | |
| Common Stock | 05/25/2012 | | | Р | 4,000 | А | \$ 4.02 | 168,502 <u>(1)</u> | I | By wife | |

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

Persons who respond to the collection of
information contained in this form are not
required to respond unless the formSEC 1474
(9-02)

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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 Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | | Number Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | 7. Title and Amount of Underlying Securities (Instr. 3 and | Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---------|---|--------------------|--|--------------------------------------|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Amc or Title Num of Shar | nber | |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | |
|--|------------|---------------|-----------|-------------------------|-------|--|--|--|
| Toporting o m | | | 10% Owner | Officer | Other | | | |
| HENSEL EMIL 6551 PARK OF COMMERCE BLVD., N.W. BOCA RATON, FL 33487 | | Х | | Chief Financial Officer | | | | |
| Signatures | | | | | | | | |
| /s/ Emil Hensel | 05/25/2012 | | | | | | | |
| **Signature of | 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) Mr. Hensel's wife holds 168,502 shares.

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.

Reporting Person