WESTFALL CAROL D Form 4 November 20, 2001

			OMB APPROVAL		
			OMB Number Expires: Septem Estimated average hours per response	burden	
	U.S. SE	ECURITIES AND EXCHANG Washington, D.C. 20			
		FORM 4			
	STATEMENT	OF CHANGES IN BENEFI	CIAL OWNERSHIP		
	ction 17(a) of the	ion 16(a) of the Sec Public Utility Holdi of the Investment C	ng Company Act of 19		
	k box if no longer continue. See Instr	subject of Section 1 ruction 1(b).	6. Form 4 or Form 5	obligations	
1. Name	and Address of Rep	oorting Person*			
Westf	all	Carol	D.		
(Last)		(First)	(Middle)		
501 I	Lake Avenue				
		(Street)			
St. I	ouis	Missouri	63119		
(City)		(State)	(Zip)		
2. Issue	er Name and Ticker	or Trading Symbol			
	Cross	Country, Inc. (CCRN)			
3. IRS I	dentification Numk	per of Reporting Pers	on, if an Entity (Vo	oluntary)	
4. State	ement for Month/Yea	 ar			
		October 2001			

5. If Amendment, Date of Original (Month/Year)

6.	Relationship of Reporti (Check all applicable)	ng Person to Issuer		========	==	
	[_] Director [X] Officer (give titl President, Se			ify below)		
7. 1	Individual or Joint/Group  [X] Form filed by one  [_] Form filed by more	Reporting Person				
====	Table I Non-De	rivative Securities Acq or Beneficially Owned	quired, Dispo			
		2		4. Securities Ac Disposed of ( (Instr. 3, 4)	D)	or
1. Title of Security (Instr. 3)		2. Transaction Date (mm/dd/yy)		(1	(A) or (D)	Price
valı	mon Stock, \$.0001 par ue per share	10/25/01	Р	1,500	А	\$17.0
====						
Remi	inder: Report on a separa owned directly or		of securities	s beneficially		
*	If the form is filed by $4(b)(v)$ .	more than one reporti		see Instructi	on	
				(Ove (SEC 1474 (3-9 Page	9)	

FORM 4 (continued)

II -- Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 2. 7. 5. Conver-Number of Title and Amount sion Derivative 6. of Underlying of action Code of (D) (Month/Day/Year)
Deriv- Date (Instr. (Instr. 3, -----ative (Month/ 8) 4 and 5) Date ExpiraSecur- Day/ ----- Exer- tion 1. Amount Title of or Derivative Number of Security (Instr. 3) Code V (A) (D) cisable Date Title Shares ity Year) Explanation of Responses: /s/ Carol D. Westfall 11/19/01 Date \*\*Signature of Reporting Person

Carol D. Westfall

<sup>\*\*</sup> 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 provided 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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