## Edgar Filing: CROSS COUNTRY HEALTHCARE INC - Form 4

CROSS COUN Form 4 April 04, 2016	NTRY HEALTH	ICARE INC									
FORM								OMB A	OMB APPROVAL		
	UNITED 5	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							3235-0287		
Check this b if no longer subject to Section 16. Form 4 or	STATEM		GES IN BENEFICIAL OWNERSHIP OF SECURITIES				Expires: January 3 200 Estimated average burden hours per response 0.				
Form 5 obligations may continue. See Instruction 1(b). 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 30(h) of the Investment Company Act of 1940											
(Print or Type Res	sponses)										
1. Name and Add Ducham Frede	Symbol CROSS	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 ( HEALTHCAI OF COMMEN	iddle) 3. Date of (Month/Da 03/31/20 PARK	3. Date of Earliest Transaction (Month/Day/Year) 03/31/2016				Director 10% Owner X_ Officer (give title Other (specify below) President					
(Street) 4. If Amendment, Da Filed(Month/Day/Year BOCA RATON, FL 33487				Day/Year) Applicable Line) _X_ Form filed by C Form filed by M				oint/Group Filing(Check Dne Reporting Person fore than One Reporting			
		7:)					Person				
Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. Transactic Code (Instr. 8) Code V	4. Securi nAcquired Disposed (Instr. 3, Amount	ties l (A) o l of (D	r ) 5) Price	<b>quired, Disposed o</b> 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	-		
Common Stock	03/31/2016		А	6,986 (1)	А	\$0	76,690	D			

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

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 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)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

\*\*Signature of Reporting Person

<b>Reporting Owner Name / Address</b>		Relationships					
		Director	10% Owner	Officer	Other		
Ducham Frederick Dennis C/O CROSS COUNTRY HEALTHO 6551 PARK OF COMMERCE BLV	· · · · · · · · · · · · · · · · · · ·			President			
BOCA RATON, FL 33487 Signatures							
/s/ Frederick Dennis 0 Ducham	4/04/2016						

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) These restricted shares of common stock vest in three equal installments. The installments will vest on March 31, 2017, March 31, 2018 and March 31, 2019.

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.