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

CROSS COU Form 4 May 10, 201	JNTRY HEALTH	ICARE I	NC								
FORM		STATES		ITIES A hington,			NGE (	COMMISSION		PPROVAL 3235-0287	
Check this box January							irs per				
(Print or Type F	Responses)										
HENSEL EMIL Symbol CROSS			Symbol CROSS	er Name <b>and</b> Ticker or Trading S COUNTRY THCARE INC [CCRN]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 6551 PARK BLVD., N.V	(Month/Da 6551 PARK OF COMMERCE 05/06/20			-				X Director 10% Owner X Officer (give title Other (specify below) Chief Financial Officer			
			endment, Date Original nth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
(City)		(Zip)	Table	• I - Non-D	erivative S	Securi	ities Aco	Person juired, Disposed of	f. or Beneficial	llv Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		ned n Date, if	3. Transactic Code (Instr. 8)	4. Securi on(A) or Di (D) (Instr. 3,	ties Adispose 4 and (A) or	cquired d of	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	
Common Stock	05/06/2011			Code V F	Amount 859 <u>(1)</u>	(D) D	Price \$ 7.43	87,875 <u>(2)</u>	D		
Common Stock								156,502 <u>(3)</u>	Ι	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 form displays a currently valid OMB control number.

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

 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. Transact: Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Tran (Inst
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	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	05/10/2011
<u>**</u> 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 shares were withheld to satisfy Mr. Hensel's tax withholding obligation for restricted stock which vested on May 6, 2011.
- (2) Represents the corrected number of shared beneficially owned following the transactions reported on and after October 1, 2010, which reflected a computation error.
- (3) Mr. Hensel's wife holds 156,502 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.