Edgar Filing: SIMS ANTHONY - Form 4

SIMS ANTH	IONY											
Form 4												
October 03, 2	2011											
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL			
	• • UNITED S	STATES					NGE (COMMISSION	ONIE	3235-0287		
Check thi	s box		Was	hington,	D.C. 205	549			Number:			
if no long	or		ECHAN			CTAI			Expires:	January 31, 2005		
subject to	•	ENIU	F CHAN		GES IN BENEFICIAL OWNERSHIP OF					Estimated average burden hours per		
Section 10 Form 4 or		S				SECURITIES						
Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						response	0.5			
obligation	¹⁸ Section $17(a$						•	f 1935 or Sectio	n			
may conti <i>See</i> Instru	inue.) of the Inv	•	•	- ·						
1(b).	letton				1.	·						
(Print or Type R	Responses)											
1 Name and A	ddress of Departing F)omon *						5 Deletionship of	Donostina Dos	aon(a) to		
SIMS ANTH	ddress of Reporting F			ssuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
			-	Symbol CROSS COUNTRY								
				HEALTHCARE INC [CCRN]				(Check all applicable)				
		r. 1 11 \			-	IXI V J		D '	100			
(Last)	(First) (M	liddle)		Earliest Tra	insaction			Director X Officer (give		b Owner er (specify		
6551 PARK	OF COMMERC	Е	(Month/Da 10/01/20					below)	below)	cc		
BLVD., N.V			10/01/20	/11				Pres., C	linical Trials St	ffg.		
	(Street)		4 If Amer	ndment Dat	e Original			6 Individual or Id	oint/Group Filir	19(Check		
			f Amendment, Date Original ed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)					
			× ×					_X_ Form filed by (
BOCA RAT	ON, FL 33487							Form filed by M Person	More than One Re	eporting		
(City)	(State) (Zip)	Table	I - Non-De	erivative (lecuri	ties Acc	uired, Disposed of	f or Beneficial	llv Owned		
1.Title of	2. Transaction Date	24 Dec		3.					6. Ownership	-		
Security	(Month/Day/Year)		on Date, if	5. Transactio				5. Amount of Securities	Form: Direct			
(Instr. 3)		any	, , , , , , , , , , , , , , , , , , ,	Code (D)				Beneficially	(D) or	Beneficial		
		(Month/	/Day/Year)	(Instr. 8) (Instr. 3, 4 and 5)			5)	Owned	Indirect (I)	Ownership		
								Following Reported	(Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common	10/01/2011						\$	26 651	D			
Stock	10/01/2011			F	480 <u>(1)</u>	D	4.18	36,651	D			

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SIMS ANTHONY 6551 PARK OF COMMERCE BLVD., N.W. BOCA RATON, FL 33487			Pres., Clinical Trials Stffg.				
Signatures							
/s/ Anthony 10/03/2011 Sims							

<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. Sims' tax withholding obligation for restricted stock which vested on October 1, 2011.

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.