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

CROSS COU Form 4 June 04, 2013	JNTRY HEALT 3	THCARE	INC								
FORM	SECURITIES AND EXCHANGE C					COMMISSION		PROVAL 3235-0287			
Check thi if no long subject to Section 10 Form 4 or Form 5 obligatior may conti <i>See</i> Instru	6. Filed pu Section 17	<b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b> <b>SECURITIES</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							Expires:January 31Expires:2005Estimated averageburden hours perresponse0.5		
1(b).											
(Print or Type R	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) (First) (Middle) 6551 PARK OF COMMERCE BLVD., N.W.			3. Date of Earliest Transaction (Month/Day/Year) 06/01/2013					_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) Chief Financial Officer			
(Street) BOCA RATON, FL 33487			4. If Amendment, Date Original Filed(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)	77 - 1.1	LN		•	• • • • • •	Person	• • • • • • • • • • • •		
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	te 2A. Dee ) Execution any	med	3.	4. Securiti on(A) or Dis (Instr. 3, 4	ies Ac sposed	quired of (D)	Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common Stock (1)	06/01/2013			Code V A	Amount 22,500	(D) A	Price \$ 0	(Instr. 3 and 4) 152,652	D		
Common Stock	06/01/2013			F	8,579 ( <u>2)</u>	D	\$ 5.21	144,073	D		
Common Stock								168,812 <u>(3)</u>	I	By wife	

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration E (Month/Day	ate	7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amour or Numbe of Shar
Stock Appreciation Rights	\$ 5.21	06/01/2013		А	22,500	<u>(4)</u>	06/01/2020	Common Stock	22,50

### **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 06/04/2013 <u>\*\*</u>Signature of Date Reporting Person

### **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 restricted shares of common stock vest in four equal installments. The installments will vest on June 1, 2014, June 1, 2015, June 1, 2016 and June 1, 2017.
- (2) The shares were withheld to satisfy Mr. Hensel's tax withholding obligation for restricted stock which vested on June 1, 2013.
- (3) Mr. Hensel's wife holds 168,812 shares.
- (4) The stock appreciation rights vest in four equal installments. The installments will vest on June 1, 2014, June 1, 2015, June 1, 2016 and June 1, 2017.

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.