Edgar Filing: CROSS COUNTRY HEALTHCARE INC - Form 4

CROSS COUL Form 4		LTHCARE	INC								
April 02, 2015									OMB AF	PPROVAL	
FORM	UNITE	D STATES		TIES AN ington, D			GE C	OMMISSION	OMB Number:	3235-0287	
Check this if no longe subject to Section 16. Form 4 or	box T STATEMENT OF CHANGES IN BENEF						, OWI	NERSHIP OF	Expires: January 31 2005 Estimated average burden hours per response 0.5		
Form 5 obligations may contin <i>See</i> Instruc 1(b).	Section	7(a) of the	Public Util	ection 16(a) of the Securities Exchange Act of 1934, ublic Utility Holding Company Act of 1935 or Section of the Investment Company Act of 1940							
(Print or Type Re	esponses)										
Phillips B. Franklin S			2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First)	(Middle)	HEALTHCARE INC [CCRN] 3. Date of Earliest Transaction				Director		Owner		
C/O CROSS HEALTHCA OF COMME	RE, INC., 65		(Month/Day 03/31/201					X Officer (give below) President,	title Othe below) MDA Holdings	er (specify s, Inc.	
	(Street) 4. If Amend Filed(Month				Original			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
BOCA RATO	ON, FL 3348'	7						Form filed by N Person			
(City)	(State)	(Zip)	Table 1	l - Non-Dei	vivative Se	ecuriti	ies Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)			3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A)				Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Stock (restricted) (1)	03/31/2015			А	6,324	А	\$0	11,324	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. Transactic Code (Instr. 8)	5. orNumber 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 Secur Bene Own 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				
Phillips B. Franklin C/O CROSS COUNTRY HEALTHCARE, INC. 6551 PARK OF COMMERCE BLVD., NW BOCA RATON, FL 33487			President, MDA Holdings, Inc.					
Signatures								
/s/ Byron Franklin 04/01/2015								

Phillips

Date

**Signature of 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).
- The restricted shares of common stock vest in three equal installments. The installments will vest on March 31, 2016, March 31, 2017 and (1)March 31, 2018.

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.