Edgar Filing: CROSS COUNTRY HEALTHCARE INC - Form 4

CROSS COUNTRY HEALTHCARE INC

Form 4

November 17, 2006

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

response...

if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue.

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

1(b).

(Print or Type Responses)

See Instruction

| 1. Name and Address WARD JONATH | | Issuer Name and Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer | | |
|---|-------------|---|--|--|--|
| (Last) (First) (Middle) 948 EVERGREEN DRIVE | | CROSS COUNTRY HEALTHCARE INC [CCRN] | (Check all applicable) | | |
| | | 3. Date of Earliest Transaction (Month/Day/Year) 11/17/2006 | Director 10% Owner _X_ Officer (give title Other (specify below) Pres., Cross Country Staffing | | |
| (St | creet) | 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 | | |
| DELRAY BEACH | H, FL 33483 | | Form filed by More than One Reporting Person | | |

| (City) | (State) | Zip) Table | e I - Non-D | erivative | Secur | ities Acqu | uired, Disposed of | , or Beneficial | y Owned |
|--------------------------------------|---|--|-------------|--|------------------|-------------|--|--|---|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Securities Acquired n(A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | Code V | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | |
| Common Stock | 11/17/2006 | | M | 3,000 | A | \$ 7.75 | 12,519 | D | |
| Common Stock | 11/17/2006 | | M | 3,000 | A | \$ 11.62 | 12,519 | D | |
| Common Stock | 11/17/2006 | | S | 6,000 | D | \$ 21 | 12,519 | D | |
| Common Stock | 11/17/2006 | | S | 3,000 | D | \$ 20.9 | 12,519 | D | |

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

Edgar Filing: CROSS COUNTRY HEALTHCARE INC - Form 4

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.

SEC 1474 (9-02)

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. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|---|---|--|--------------------|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Employee Stock Option (Right to Buy) | \$ 7.75 | 11/17/2006 | | M | 3,000 | <u>(1)</u> | 12/16/2009 | Common Stock | 3,000 |
| Employee Stock Option (Right to Buy) | \$ 11.62 | 11/17/2006 | | M | 3,000 | <u>(1)</u> | 12/16/2009 | Common Stock | 3,000 |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

WARD JONATHAN W 948 EVERGREEN DRIVE DELRAY BEACH, FL 33483

Pres., Cross Country Staffing

Signatures

Jonathan W. Ward 11/17/2006

**Signature of Date
Reporting Person

Reporting Owners 2

Edgar Filing: CROSS COUNTRY HEALTHCARE INC - Form 4

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 options exercised are fully vested.
- (2) In addition, Mr. Ward has 112,690 options to purchase Common Stock of the Company with different exercise prices from the options reported in Table II.

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.