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

CROSS COU Form 4 May 11, 2007	NTRY HEAI	LTHCARE	INC									
FORM	Δ										PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
Check this if no longe								Expires:	January 31, 2005			
subject to Section 16	subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. SECURITIES						Estimated a burden hou	average irs per				
Form 4 or Form 5	Form 4 or Form 5								response	0.5		
Form 5 obligations may continue. See Instruction 1(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 30(h) of the Investment Company Act of 1940												
(Print or Type R	esponses)											
CASH W LARRY Sy Cl				2. Issuer Name <b>and</b> Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC [CCRN]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 3. I (Me				3. Date of Earliest Transaction (Month/Day/Year) 05/10/2007					X_ Director 10% Owner Officer (give title Other (specify below) below)			
				4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
						One Reporting Person fore than One Reporting						
BRENT WO	0D, 1105702	/							Person			
(City)	(State)	(Zip)	Table	e I - Non-J	Der	rivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Executio any	emed on Date, if 'Day/Year)	Code	tion	4. Securit Acquired Disposed (Instr. 3,	l (A) o l of (D	)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Comment				Code	V	Amount	(D)	Price	(msu. 5 and +)			
Common Stock	05/10/2007			А		2,725	А	\$0	4,725	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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	i	Relationships							
	Director	10% Owner	Officer	Other					
CASH W LARRY 5234 MARGARET'S PLACE BRENTWOOD, TN 37027	Х								
Signatures									
/s/ W. Larry Cash 0	5/10/2007								
**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).

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.