### WARD JONATHAN W

Form 4

September 02, 2009

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB

**OMB APPROVAL** 

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Check this box

**SECURITIES** Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue.

30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Last)

(City)

(Print or Type Responses)

1. Name and Address of Reporting Person \* WARD JONATHAN W

2. Issuer Name and Ticker or Trading

Symbol

CROSS COUNTRY

3. Date of Earliest Transaction

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

below)

HEALTHCARE INC [CCRN]

Director 10% Owner Other (specify X\_ Officer (give title

6551 PARK OF COMMERCE BOULEVARD, N.W.

(Street)

(State)

(First)

(Middle)

(Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)

(Month/Day/Year)

09/01/2009

Pres., Cross Country Staffing

6. Individual or Joint/Group Filing(Check Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

BOCA RATON, FL 33487

		Tubic 1 Tron Berrauty e securities required, Disposed of, or Beneficiary evined								
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities Acquired			5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if	Transactio	nsaction(A) or Disposed of			Securities	Form: Direct	Indirect	
(Instr. 3)	•	any	Code	(D)			Beneficially	(D) or	Beneficial	
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5)		Owned	Indirect (I)	Ownership		
		•				Following	(Instr. 4)	(Instr. 4)		
							Reported			
					(A)		Transaction(s)			
					or		(Instr. 3 and 4)			
			Code V	Amount	\ /	Price	` ′			
Common	00/01/2000		N	1 000		\$	56,379	Ъ		
Stock	09/01/2009		M	1,000	Α	7 75	36,379	D		
Stock										
Common	00/01/0000		C	1 000	_	\$	55,379	ъ		
Stock	09/01/2009		S	1,000	D	9 75	55,379	D		
Stoon						7.15				

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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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. Transactic Code (Instr. 8)	5. Number proof 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	09/01/2009		M <u>(1)</u>	1,000	(2)	12/16/2009	Common Stock	1,000

# **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

WARD JONATHAN W 6551 PARK OF COMMERCE BOULEVARD, N.W. BOCA RATON, FL 33487

Pres., Cross Country Staffing

# **Signatures**

/s/ Jonathan 09/01/2009 Ward

\*\*Signature of Reporting Person

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- \*\* 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 stock sale reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 12, 2009.
- (2) The options exercised are fully vested.

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.

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