## Edgar Filing: LEWIS DANIEL J - Form 4

Form 4											
	ORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB APPROVAL OMB 3235-02 Number:		
Check thi if no long subject to Section 1 Form 4 or Form 5 obligation may cont <i>See</i> Instru 1(b).	6. Filed j Section 1	EMENT O pursuant to 17(a) of the 30(h)	burden hou response	Estimated average burden hours per response 0.5							
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> LEWIS DANIEL J			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) 6551 PARK BLVD., N.V	(Month/D	3. Date of Earliest Transaction (Month/Day/Year) 10/01/2010					Director       10% Owner         Officer (give title       Other (specify below)         below)       Principal Accounting Officer				
			endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
BOCA RAT	ON, FL 3348	7						Form filed by M Person	More than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Securi	ties Acc	quired, Disposed o	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction ] (Month/Day/Ye	ear) Executi any	emed on Date, if /Day/Year)	Code (Instr. 8)	on(A) or D (D)	4 and (A) or	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	10/01/2010			F	167	D	\$ 7.13	14,624	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)

## Reporting Owners

<b>Reporting Owner Name / Address</b>		Relationships					
		Director	10% Owner	Officer	Other		
LEWIS DANIEL J 6551 PARK OF COMMER BOCA RATON, FL 33487			Principal Accounting Officer				
Signatures							
/s/ Daniel J. Lewis	10/04/2010						

<u>\*\*</u>Signature of Reporting Person

1. Title of

Security

(Instr. 3)

Derivative

2.

Conversion

or Exercise

Derivative

Price of

Security

Date

3. Transaction Date 3A. Deemed

any

(Month/Day/Year)

## **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.

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4.

Code

(Instr. 8)

Execution Date, if

(Month/Day/Year)

5.

of

Derivative

Securities

Acquired

Disposed

(Instr. 3, 4, and 5)

Date

Exercisable

(A) or

of (D)

Code V (A) (D)

TransactionNumber

6. Date Exercisable and

Expiration

Date

**Expiration Date** 

(Month/Day/Year)

7. Title and

Amount of

Underlying

(Instr. 3 and 4)

Amount or

Title Number

of Shares

Securities

8. Price of

Derivative

Security

(Instr. 5)

9. Nt

Deriv

Secu

Bene

Own

Follo

Repo

Trans

(Insti