Ball Susan E Form 4/A October 12, 2010

### FORM 4

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

Check this box

if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

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 Responses)

1(b).

1. Name and Address of Reporting Person \* Ball Susan E

(Last) (First) (Middle)

6551 PARK OF COMMERCE

BLVD.

(Street)

BOCA RATON, FL 33487

(State)

10/01/2010

(Zip)

(Month/Day/Year) Execution Date, if

2. Transaction Date 2A. Deemed

(City)

1. Title of

Security

(Instr. 3)

Common

Stock (1)

2. Issuer Name and Ticker or Trading

Symbol

CROSS COUNTRY HEALTHCARE INC [CCRN]

(Month/Day/Year) 10/01/2010

4. If Amendment, Date Original

Filed(Month/Day/Year) 10/05/2010

Code

F

(Instr. 8)

**OMB APPROVAL** 

**OMB** Number:

5. Relationship of Reporting Person(s) to

(Check all applicable)

3235-0287

January 31, Expires:

2005 Estimated average

burden hours per

response... 0.5

3. Date of Earliest Transaction Director 10% Owner X\_ Officer (give title Other (specify below) General Counsel & Secretary 6. Individual or Joint/Group Filing(Check Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 6. Ownership 7. Nature of 4. Securities Acquired 5. Amount of Transaction(A) or Disposed of Securities Form: Direct Indirect (D) Beneficially (D) or Beneficial (Instr. 3, 4 and 5) Ownership Owned Indirect (I) Following (Instr. 4) (Instr. 4) Reported (A)

Issuer

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

(Month/Day/Year)

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.

Transaction(s)

(Instr. 3 and 4)

45,563

D

or

Price

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Code V Amount (D)

335 (2) D

#### Edgar Filing: Ball Susan E - Form 4/A

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration D	ate	Amour	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities Acquired			(Instr. :	3 and 4)		Owne
	Security										Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date			or		
						Exercisable		Title Number of			
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Ball Susan E 6551 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487

General Counsel & Secretary

# **Signatures**

/s/ Susan E. Ball 10/12/2010

\*\*Signature of 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).
- (1) This amended Form 4 is being filed to properly report the vesting of restricted stock on October 1, 2010.
- (2) The shares were withheld to satisfy Ms. Ball's tax withholding obligation for restricted stock which vested on October 1, 2010.

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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