## Edgar Filing: SHAFFER FRANKLIN A - Form 4/A

SHAFFER FR	RANKLIN A										
Form 4/A											
October 12, 20	010										
FORM	4 UNITE	CD STATES					NGE (	COMMISSION		9PROVAL 3235-0287	
Check this if no longe subject to Section 16 Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b).	Washington, D.C. 20549 F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section of the Investment Company Act of 1940						Expires:January 312005Estimated averageburden hours perresponse0.5				
(Print or Type Re	esponses)										
1. Name and Address of Reporting Person <u>*</u> SHAFFER FRANKLIN A			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.W		(Middle)	3. Date of (Month/D 10/01/20	-	ansaction			Director X Officer (give below) Pres., Edu		o Owner er (specify . Div.	
BOCA RATO	(Street) ON, FL 3348	7		ndment, Dat th/Day/Year) )10	-			6. Individual or Jo Applicable Line) _X_ Form filed by 0 Form filed by N Person	-	erson	
(City)	(State)	(Zip)	Tabl	I Non D	onivotivo (	Zaauni	tion A or		f or Popoficial	ly Owned	
	2. Transaction 1 (Month/Day/Yo	Date 2A. Dee ear) Executio any	emed	3. Transactic Code (Instr. 8)	4. Securi on(A) or Di (D)	ties Ad ispose 4 and (A) or	cquired d of	Juired, Disposed 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)	7. Nature of	
Common Stock (1)	10/01/2010			F	198 <u>(2)</u>	D	\$ 7.13	12,769	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. Titl Deriv: Securi (Instr.	ative ity	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and ant of rlying ities . 3 and 4)	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		

## Edgar Filing: SHAFFER FRANKLIN A - Form 4/A

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships						
		Director	10% Owner	Officer	Other			
SHAFFER FRANKLIN A 6551 PARK OF COMMERCE BLVD., N.W. BOCA RATON, FL 33487				Pres., Education & Trng. Div.				
Signatures								
/s/ Franklin A. Shaffer	10/12/2010							

<u>\*\*</u>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).
- (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 Mr. Shaffer'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.