WARD JONATHAN W

Form 4

November 15, 2010

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

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response...

if no longer subject to Section 16. Form 4 or

Check this box

Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

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

(First)

(Street)

(State)

(Middle)

(Zip)

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

CROSS COUNTRY

HEALTHCARE INC [CCRN]

(Check all applicable)

3. Date of Earliest Transaction

(Month/Day/Year) 11/12/2010

Director 10% Owner X_ Officer (give title Other (specify below) below)

Pres., Cross Country Staffing

6551 PARK OF COMMERCE

BLVD., N.W.

(Last)

(City)

4. If Amendment, Date Original

Filed(Month/Day/Year)

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

7.106

BOCA RATON, FL 33487

2. Transaction Date 2A. Deemed 1. Title of 3. 4. Securities Acquired 5. Amount of 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D) Securities Form: Direct Indirect (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially (D) or Beneficial (Month/Day/Year) (Instr. 8) Ownership Owned Indirect (I) (Instr. 4) Following (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Price Code V Amount (D)

Common Stock

11/12/2010

S 500 D

58,656

D

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.

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

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| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | 6. Date Exer | cisable and | 7. Title a | ınd | 8. Price of | 9. Nu |
|-------------|-------------|---------------------|--------------------|-----------------------|-------------------------|--------------|-------------|-----------------|------------|-------------|--------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | TransactionNumber | | Expiration D | ate | Amount of | | Derivative | Deriv |
| Security | or Exercise | | any | Code | of | (Month/Day/ | /Year) | Underlyi | ing | Security | Secui |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) Derivative | | ; | | Securities | | (Instr. 5) | Bene |
| | Derivative | | | | Securities | 3 | (Ins | | | | Own |
| | Security | | | | Acquired (A) or | | | | | | Follo |
| | | | | | | | | | | | Repo |
| | | | | | Disposed | | | | | | Trans |
| | | | | of (D) | | | | | | | (Instr |
| | | | | | (Instr. 3, 4, and 5) | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | ٨٠ | ma a u m t | | |
| | | | | | | | | | mount | | |
| | | | | | | Date | Expiration | or | | | |
| | | | | | | Exercisable | Date | Title Number of | | | |
| | | | | G 1 17 | (A) (D) | | | | | | |
| | | | | Code V | (A) (D) | | | Sh | nares | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

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

Pres., Cross Country Staffing

Signatures

/s/ Jonathan W. 11/15/2010 Ward

**Signature of Date
Reporting Person

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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