

Greene Greg  
Form 3  
February 25, 2005

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF 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. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Greene Greg		(Month/Day/Year)	CROSS COUNTRY HEALTHCARE INC [CCRN]	
(Last)	(First)	(Middle)	02/16/2005	
			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
CROSS COUNTRY EDUCATION, INC.,Â 1645 MURFREESBORO ROAD, SUITE J			(Check all applicable)	
(Street)			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below)	(specify below)
			President, Cross Country Educa	
NASHVILLE,Â TNÂ 37217			6. Individual or Joint/Group Filing(Check Applicable Line)	
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Form filed by One Reporting Person	
			<input type="checkbox"/> Form filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	43	D	Â

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	
Employee Stock Option (right to buy)	Â (1)	02/14/2014	Common Stock	3,000	\$ 18.465	D	Â
Employee Stock Option (right to buy)	Â (2)	02/16/2015	Common Stock	10,000	\$ 15.6	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Greene Greg CROSS COUNTRY EDUCATION, INC. 1645 MURFREESBORO ROAD, SUITE J NASHVILLE, TN 37217	Â	Â	Â President, Cross Country Educa	Â

## Signatures

/s/Gregory  
Greene

02/25/2005

\*\*Signature of  
Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 5(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).

The option is subject to the vesting schedule set forth in the Amended and Restated Stock Option Plan of the Company. The option is  
(1) currently exercisable as to 750 shares. The option will be exercisable as to 1,500 shares as of February 4, 2006, 2,250 as of February 4, 2007 and 3,000 as of February 4, 2008.

The option is subject to the vesting schedule set forth in the Amended and Restated Stock Option Plan of the Company. The option is not  
(2) currently exercisable. The option will be exercisable as to 2,500 shares as of February 16, 2006, 5,000 as of February 16, 2007, 7,500 as of February 16, 2008 and 10,000 as of February 16, 2009.

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.