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CROSS COUNTRY HEALTHCARE INC

Form 4 June 02, 2016

FORM 4

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

OMB Number: 3235-0287

Estimated average

OMB APPROVAL

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

Form 4 or Form 5 obligations may continue.

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

burden hours per response... 0.5

See Instruction 1(b).

Stock

(Print or Type Responses)

1. Name and Ad ANENBERC	2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC [CCRN]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) C/O CROSS HEALTHCA OF COMME N.W.	3. Date of Earliest Transaction (Month/Day/Year) 06/01/2016						Director 10% OwnerX Officer (give title Other (specify below) Pres., Cross Country Staffing					
(Street) 4. If Amen Filed(Monti				h/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			
(City)	(State)	(Zip)	Table	I - Non-	-De	rivative S	ecurit	ies Acqu	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)		2. Transaction Date 2A. Deem Execution any (Month/D			8)	4. Securion(A) or Di (Instr. 3,	spose	d of (D)	5. Amount of Securities Ownership Beneficially Form: Di Owned (D) or Following Indirect (Reported (Instr. 4) Transaction(s) (Instr. 3 and 4)		7. Nature of Indirect ct Beneficial Ownership (Instr. 4)	
Common Stock (restricted)	06/01/2016			F		5,685	D	\$ 13.77	156,559	D		
Common									4,120	I	By	

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

children

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SEC 1474 (9-02)

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

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transacti	5. orNumber	6. Date Exerc Expiration D		7. Titl		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(World) Day, Tear)	(Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Underlying Securities (Instr. 3 and 4	rlying ities	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

ANENBERG VICKIE C/O CROSS COUNTRY HEALTHCARE, INC. 6551 PARK OF COMMERCE BOULEVARD, N.W. BOCA RATON, FL 33487

Pres., Cross Country Staffing

Signatures

/s/ Vickie Anenberg 06/02/2016

**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).
- (1) The shares were withheld to satisfy Ms. Anenberg's tax withholding obligation for restricted stock which vested on June 1, 2016.

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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