Edgar Filing: CROSS COUNTRY HEALTHCARE INC - Form 4

CROSS COUNTRY HEALTHCARE INC

Form 4 June 03, 2014

Stock

(restricted)

06/01/2014

OMB APPROVAL UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Buscemi Nicholas III Issuer Symbol CROSS COUNTRY (Check all applicable) HEALTHCARE INC [CCRN] (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner X_ Officer (give title Other (specify (Month/Day/Year) below) C/O CROSS COUNTRY 06/01/2014 Chief Accounting Officer HEALTHCARE, INC., 6551 PARK OF COMMERCE BLVD., N.W. (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting BOCA RATON, FL 33487 (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of 6. Ownership 7. Nature of Form: Direct Indirect Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities (Instr. 3) Code Disposed of (D) Beneficially (D) or Beneficial (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) (Instr. 3 and 4) (D) Price Code V Amount Common Stock 06/01/2014 6,933 \$0 15,933 D Α Α (restricted) (1) Common

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

Α

6.933

Α

\$0

22,866

D

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SEC 1474 (9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5. 6.		6. Date Exerc	cisable and 7. Title		e and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	on Date, if TransactionNumber E		Expiration Da	xpiration Date Amou		nt of	Derivative]
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	5
(Instr. 3)	Price of		(Month/Day/Year)	ay/Year) (Instr. 8) Derivative			Secur	ities	(Instr. 5)]	
	Derivative				Securities Acquired		(In:		3 and 4)		(
	Security]
	·				(A) or						J
					Disposed						7
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date Expiration Exercisable Date	Expiration Date	Title	or		
									Number		
								of			
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Buscemi Nicholas III C/O CROSS COUNTRY HEALTHCARE, INC. 6551 PARK OF COMMERCE BLVD., N.W. BOCA RATON, FL 33487

Chief Accounting Officer

Signatures

/s/ Nicholas

Buscemi III 06/03/2014

**Signature of Reporting Date

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 restricted shares of common stock will vest in three equal installments. The installments will vest on June 1, 2015, June 1, 2016 and June 1, 2017.
- (2) The restricted shares of common stock will vest on December 31, 2016, subject to the issuer achieving certain performance metrics during the performance period ending December 31, 2014.

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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