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CROSS COUNTRY HEALTHCARE INC Form 4/A June 06, 2017 OMB APPROVAL FORM 4 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 CASH W LARRY Issuer Symbol CROSS COUNTRY (Check all applicable) HEALTHCARE INC [CCRN] (Last) (First) (Middle) 3. Date of Earliest Transaction X_ Director 10% Owner Other (specify Officer (give title (Month/Day/Year) below) below) C/O CROSS COUNTRY 06/01/2017 HEALTHCARE, INC., 5201 CONGRESS AVENUE (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 06/05/2017 Form filed by More than One Reporting BOCA RATON, FL 33487 Person (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 Acquired 5. Amount of 7. Nature of 6. Transaction(A) or Disposed of (D) Securities Ownership Indirect Security (Month/Day/Year) Execution Date, if (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially Form: Direct Beneficial anv (Month/Day/Year) (Instr. 8) Owned (D) or Ownership Following Indirect (I) (Instr. 4) (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price Common 1.045 F D Stock 06/01/2017(2) 107,515 D (1)11.82 (restricted) Common 2,287 \$ Stock 06/01/2017(2) F D 105,228 D (1) 11.82 (restricted) Common 1,249 F D Stock 06/01/2017⁽²⁾ 103,979 D (1) 11.82 (restricted)

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Common Stock 06/01/2017(2) (restricted)

(restricted)

F 958 $\frac{(1)}{11}$ D $\frac{$}{11.82}$ 103,021 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. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Ad	Relationships						
· · · · · · · · · · · · · · ·		Director	10% Owner	Officer	Other		
CASH W LARRY C/O CROSS COUNTRY HEALTHCARE, INC. 5201 CONGRESS AVENUE BOCA RATON, FL 33487		Х					
Signatures							
/s/ W. Larry 06/06/ Cash	2017						

<u>**</u>Signature of Reporting Person Date

e of erson

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) These shares were withheld to satisfy Mr. Cash's tax withholding obligation for restricted stock which vested on June 1, 2017.

(2)

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The Form 4, as originally filed on June 5, 2017, incorrectly omitted shares withheld and disposed of for tax purposes. The Form 4, as amended by this Form 4/A, correctly reports such information.

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.