Edgar Filing: Addis Daniele - Form 4

Addis Danie Form 4	le									
April 02, 20	19									
FORM									PPROVAL	
Washington, D.C. 20549								OMB Number:	3235-0287	
Check th if no long subject to Section 1 Form 4 c Form 5	SECUR	GES IN BENEFICIAL OWN SECURITIES				Expires: Estimated a burden hou response	irs per			
obligatio may com <i>See</i> Instr 1(b).	ns Section 17(a	suant to Section a) of the Public 30(h) of the	Utility Hold	ling Com	ipany	Act o	f 1935 or Section	n		
(Print or Type]	Responses)									
			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)	(First) (M		of Earliest Tra	_	i (i		Director		6 Owner	
HEALTHC	S COUNTRY ARE, INC., 5201 S AVENUE	(Month 03/31	n/Day/Year) /2019				X Officer (give below) SVP, F	title Oth below) Business Servic	er (specify ces	
	(Street)	mendment, Da Ionth/Day/Year)	-			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
BOCA RAT	FON, FL 33487						Form filed by M Person	Iore than One Ro	eporting	
(City)	(State)	(Zip) Ta	able I - Non-D	erivative S	Secur	ities Aco	quired, Disposed of	, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		on Date, if Transactio Code			d of	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	03/31/2019		A	9,816 (1)	(D) A	\$ 0	35,481	D		
Common Stock	03/31/2019		F	442 <u>(2)</u>	D	\$ 7.03	35,039	D		
Common Stock	03/31/2019		F	592 <u>(2)</u>	D	\$ 7.03	34,447	D		
Common Stock	03/31/2019		F	527 <u>(2)</u>	D	\$ 7.03	33,920	D		

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercise	able and	7. Title a	ınd	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration Date	9	Amount	of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/Ye	ear)	Underlyi	ing	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	2S	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								Δ	mount		
								or			
						Date E	Expiration		umber		
						Exercisable D	Date	of			
				Code V	(A) (D)				hares		
				Coue V	(\mathbf{A}) (\mathbf{D})			51	nares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Addis Daniele C/O CROSS COUNTRY HEALTHCARE, INC. 5201 CONGRESS AVENUE BOCA RATON, FL 33487			SVP, Business Services				

Signatures

/s/ Daniele Addis

04/02/2019

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

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 restricted shares of common stock vest in three equal installments. The installments will vest on March 31, 2020, March 31, 2021 and March 31, 2022.
- (2) These shares were withheld to satisfy Ms. Addis' tax withholding obligation for restricted stock which vested on March 31, 2019.

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.