CROSS COUNTRY HEALTHCARE INC

Form 4 June 03, 2014

Common

Stock

06/01/2014

June 05, 2014	_										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMIS						OMMISSION	OMB APPROVAL			
		Washington, D.C. 20549					OMB Number:	3235-0287			
Check this		S					Expires:	January 31,			
if no longe subject to Section 16 Form 4 or	STATEMENT OF CHANGES IN BENEFICIAL OWNE SECURITIES							Estimated average burden hours per response 0.5			
Form 5 obligations may continue See Instruction 1(b).	Section 17(a) of the	Section 16(a) of Public Utility H a) of the Investme	oldir	ng Comp	any A	Act of	1935 or Section	1			
(Print or Type Ro	esponses)										
Ginter James Eugene Symbol CROSS			suer Name and Ticker or Trading ol SS COUNTRY LTHCARE INC [CCRN]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (Middle)	3. Date of Earliest		_	,		Director	10%	Owner		
C/O CROSS HEALTHCA	(Last) (First) (Middle) 3. Date of F (Month/Da) C/O CROSS COUNTRY 06/01/20 HEALTHCARE, INC., 6551 PARK OF COMMERCE BLVD., N.W.			saction			Director 10% Owner _X_ Officer (give title Other (specify below) Pres., Med. Doctor Assoc., LLC				
	(Street)	4. If Amendment,	Date	Original			6. Individual or Jo	int/Group Filin	g(Check		
Filed(Month BOCA RATON, FL 33487			-				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
BOCA RATO	JN, FL 33487						Person				
(City)	(State) (Zip)	Table I - Noi	n-Der	rivative Se	curiti	es Acqu	ired, Disposed of	, or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	urity (Month/Day/Year) Execution Date, if			4. Securitin(A) or Dis (Instr. 3, 4	posed and 5	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common		Code	v V	Amount	or (D)	Price	(Instr. 3 and 4)				
Stock (restricted)	06/01/2014	A		14,623	A	\$ 0	34,113	D			
Common Stock (restricted)	06/01/2014	A		14,623	A	\$ 0	48,736	D			

F

1,802

46,934

D

\$

5.77

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(restricted)

(3)

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.

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 Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secun Bene Owne Follo Repo Trans (Instr
			Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Ginter James Eugene C/O CROSS COUNTRY HEALTHCARE, INC. 6551 PARK OF COMMERCE BLVD., N.W. BOCA RATON, FL 33487

Pres., Med. Doctor Assoc., LLC

Signatures

/s/ James Eugene Ginter 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 over a three year period based on the issuer achieving certain performance metrics.

Reporting Owners 2

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(3) The shares were withheld to satisfy Mr. Ginter's tax withholding obligation for restricted stock which vested on June 1, 2014. Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, <i>see</i> 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.