

CROSS COUNTRY HEALTHCARE INC

Form 4/A

June 06, 2017

# FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287  
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
CASH W LARRY

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) (Middle)

3. Date of Earliest Transaction (Month/Day/Year)  
06/01/2017

Director  10% Owner  
 Officer (give title below)  Other (specify below)

C/O CROSS COUNTRY  
HEALTHCARE, INC., 5201  
CONGRESS AVENUE

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)  
06/05/2017

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

BOCA RATON, FL 33487

(City) (State) (Zip)

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				(A) or (D)	Price		
Common Stock (restricted)	06/01/2017 <sup>(2)</sup>		F	1,045 <u>(1)</u>	D \$ 11.82	107,515	D
Common Stock (restricted)	06/01/2017 <sup>(2)</sup>		F	2,287 <u>(1)</u>	D \$ 11.82	105,228	D
Common Stock (restricted)	06/01/2017 <sup>(2)</sup>		F	1,249 <u>(1)</u>	D \$ 11.82	103,979	D

Common  
 Stock 06/01/2017<sup>(2)</sup> F 958 <sup>(1)</sup> D \$ 11.82 103,021 D  
 (restricted)

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

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 (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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Owned Following Transaction (Instr. 5)
				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

CASH W LARRY  
 C/O CROSS COUNTRY HEALTHCARE, INC.  
 5201 CONGRESS AVENUE  
 BOCA RATON, FL 33487

X

## Signatures

/s/ W. Larry  
 Cash 06/06/2017

\*\*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 shares were withheld to satisfy Mr. Cash's tax withholding obligation for restricted stock which vested on June 1, 2017.
- (2)

## Edgar Filing: CROSS COUNTRY HEALTHCARE INC - Form 4/A

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.