Edgar Filing: Gulacsy Elizabeth - Form 4

| Gulacsy Eliz Form 4 | abeth | | | | | | | | | | |
|---|------------------------------------|--|---|------------------------|----------------|----------|---|--|--|--|--|
| June 02, 201 | 1 | | | | | | | | | | |
| FORM | 14 | | | | | | | | | PPROVAL | |
| | UNITED |) STATES | | ITIES Al hington, l | | | NGE (| COMMISSION | OMB Number: | 3235-0287 | |
| Check th if no long subject to Section 1 Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b). | 6. Filed pu ns Section 17 | 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 | | | | | | | | January 31, 2005 Estimated average burden hours per response 0.5 | |
| (Print or Type I | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Gulacsy Elizabeth | | | 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) 6551 PARK OF COMMERCE BLVD., N.W. | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/01/2011 | | | | | Director 10% Owner Officer (give title Other (specify below) Chief Accounting Officer | | | |
| | (Street) | | Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| BOCA RAT | CON, FL 33487 | | | | | | | Form filed by M Person | More than One Re | eporting | |
| (City) | (State) | (Zip) | Table | e I - Non-De | erivative S | Securi | ties Acc | uired, Disposed o | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | ecurity (Month/Day/Year) Execution | | n Date, if Transaction(A) or Disposed of Code (D) | | | | d of | Securities Eneficially Owned Eneficially Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 06/01/2011 | | | Code V A | Amount 5,000 | (D) A | Price \$ 0 | (Instr. 3 and 4) 8,800 | D | | |
| Common Stock | 06/01/2011 | | | F | 290 <u>(1)</u> | D | \$ 7.44 | 8,510 | D | | |

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

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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) | onof Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|--|-----------------|-----|--|--------------------|---|--|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Stock Appreciation Rights | \$ 7.44 | 06/01/2011 | | А | 5,000 | | (2) | 06/01/2018 | Common Stock | 5,000 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | |
|--|---------------|-----------|--------------------------|-------|--|
| | Director | 10% Owner | Officer | Other | |
| Gulacsy Elizabeth 6551 PARK OF COMMERCE BLVD., N.W. BOCA RATON, FL 33487 | | | Chief Accounting Officer | | |
| Signatures | | | | | |
| /s/ Flizabeth | | | | | |

/s/ Elizabeth Gulacsy **Signature of Date

Reporting 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 shares were withheld to satisfy Ms. Gulacsy's tax withholding obligation for restricted stock which vested on June 1, 2011.

(2) The stock appreciation rights vest in four equal installments beginning on June 1, 2012.

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.