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

CROSS COUN Form 4 June 05, 2014	TRY HEALT	HCARE I	INC									
FORM								OMB APPROVAL				
-	STATES	SECURITIES AND EXCHANGE C Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287		
Check this b if no longer		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires:	January 31, 2005	
subject to Section 16.	STATEN									Estimated average burden hours per		
Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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							response	0.5				
(Print or Type Res	ponses)											
Grubbs William J Symbol CROS				Name <b>an</b>			Trading	2	5. Relationship of Reporting Person(s) to Issuer			
				HCARE			RN]		(Check all applicable)			
(Last) C/O CROSS O HEALTHCAR OF COMMER	COUNTRY RE, INC., 6551		3. Date of (Month/D 06/04/20	ay/Year)	Frans	saction			X Director X Officer (give below) Presi		Owner er (specify	
(Street)			4. If Amendment, Date Original						6. Individual or Joint/Group Filing(Check			
Filed(Mon BOCA RATON, FL 33487				onth/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table	e I - Non-	Deri	ivative S	ecurit	ies Acq	uired, Disposed of	, or Beneficial	ly Owned	
	. Transaction Date Month/Day/Year)	Execution any		3. Transact Code (Instr. 8)	tion(A (I )		sposed	of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
$\frac{\text{Common}}{\text{Stock } (1)} \qquad 0$	06/04/2014			A		5,000	A	\$ 6.36	181,044	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)	4. Transactio Code (Instr. 8)	5. orNumber 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. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships						
		Director	10% Owner	Officer	Other			
Grubbs William J C/O CROSS COUNTRY HEALTHCARE, INC. 6551 PARK OF COMMERCE BLVD., N.W. BOCA RATON, FL 33487		Х		President and CEO				
Signatures								
/s/ William J. Grubbs	06/05/2014							

\*\*Signature of Reporting Person

S

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). \*\*
- This transaction was executed in multiple trades at prices ranging from \$6.310 to \$6.379. The price reported above reflects the weighted (1) average purchase price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

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.