Edgar Filing: WARD JONATHAN W - Form 4

WARD JON Form 4	ATHAN W										
November 2	4, 2009										
FORM	14 UNITE	1 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									
Check th if no long subject to Section 1 Form 4 o Form 5 obligatio may cont <i>See</i> Instru 1(b).	ger 16. 16. 16. 16. 16. 16. 17. 17. 10. 10. 10. 10. 10. 10. 10. 10	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								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> WARD JONATHAN W			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 BOULEVARD, N.W.			3. Date of Earliest Transaction (Month/Day/Year) 11/23/2009					Director 10% Owner X Officer (give title Other (specify below) below) below) Pres. Cross Country Staffing			
				ndment, Dat hth/Day/Year)	-			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
(City)	(State)	(Zip)	Tabl	o I Non D	anivativa 6	100000 1 1	tion A on	Person	f on Donoficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D	2. Transaction Date 2A. Dee (Month/Day/Year) Execution any (Month/		3.	4. Securit on(A) or Dis (Instr. 3, 4	ies Ac sposed	quired of (D)	Juired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common Stock	11/23/2009			Code V M	Amount 18,821	or (D) A	Price \$ 7.75	(Instr. 3 and 4) 73,641	D		
Common Stock	11/23/2009			S	18,821	D	\$9	54,820	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)	5. Number of onDerivative 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)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 7.75	11/23/2009		M <u>(1)</u>		\$ 18,821	(2)	12/16/2009	Common Stock	18,821

Reporting Owners

Reporting Owner Name / Address	Relationships						
I Contraction of the second	Director	10% Owner	Officer	Other			
WARD JONATHAN W 6551 PARK OF COMMERCE BOULEVARD, N.W. BOCA RATON, FL 33487			Pres. Cross Country Staffing				
Cianaturaa							

Signatures

/s/ Jonathan 11/23/2009 Ward ^{**}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 stock sale reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 12, 2009.
- (2) The options exercised are fully vested.
- (3) In addition, Mr. Ward has 229,197 options to purchase Common Stock of the Company with different exercise prices from the options reported in Table II.

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.