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

#### CROSS COUNTRY HEALTHCARE INC

Form 4

August 11, 2008

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

**OMB APPROVAL** 

3235-0287

Expires:

January 31, 2005

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Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

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

1(b).

(Last)

(C:tr.)

(Print or Type Responses)

1. Name and Address of Reporting Person \* WARD JONATHAN W

2. Issuer Name and Ticker or Trading

Symbol

CROSS COUNTRY

Issuer

5. Relationship of Reporting Person(s) to

HEALTHCARE INC [CCRN]

Director Other (specify \_X\_\_ Officer (give title

3. Date of Earliest Transaction (Month/Day/Year) below) 08/08/2008

below) Pres., Cross Country Staffing

6. Individual or Joint/Group Filing(Check

(Check all applicable)

10% Owner

(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)

(Middle)

(7:m)

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

948 EVERGREEN DRIVE

DELRAY BEACH, FL 33483

(State)

(First)

(City)	(State) (	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	f, or Beneficiall	y Owned
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transactio	4. Securi on(A) or D			5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect
(Instr. 3)		any (Month/Day/Year)	Code (Instr. 8)	(Instr. 3,	4 and	5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership
					(A) or		Following Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)
			Code V	Amount	(D)	Price	(IIIstr. 5 and 4)		
Common Stock	08/08/2008		S	1,000	D	\$ 14.69	26,979	D	
Common Stock	08/08/2008		M	2,000	A	\$ 7.75	28,979	D	
Common Stock	08/08/2008		S	2,000	D	\$ 14.81	26,979	D	

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

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number Transaction Derivative Code Securities (Instr. 8) 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	08/08/2008		M	2,000	<u>(1)</u>	12/16/2009	Common Stock	2,000

# **Reporting Owners**

Reporting Owner Name / Address	Relationships
Troporting o which i talino / i talan coo	

Director 10% Owner Officer Other

WARD JONATHAN W 948 EVERGREEN DRIVE DELRAY BEACH, FL 33483

Pres., Cross Country Staffing

### **Signatures**

/s/ Jonathan 08/11/2008 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 options exercised are fully vested.
- (2) Following the option exercises reported in Row 1 of Table II, Mr. Ward has 21,821 options that expire December 16, 2009 to purchase Common Stock of the Company at an exercise price of \$7.75 per share.
- (3) In addition, Mr. Ward has 165,823 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.

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