Edgar Filing: CROSS COUNTRY HEALTHCARE INC - Form 4

CROSS COUNTRY HEALTHCARE INC

Form 4 June 04, 2013

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB Number:

3235-0287

Expires:

January 31, 2005

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OMB APPROVAL

if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

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 may continue.

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person * Ball Susan E

2. Issuer Name and Ticker or Trading Symbol

Issuer

5. Relationship of Reporting Person(s) to

CROSS COUNTRY

HEALTHCARE INC [CCRN]

(Check all applicable)

(Last)

(City)

(First) (Middle) 3. Date of Earliest Transaction

Director X_ Officer (give title

10% Owner Other (specify

6551 PARK OF COMMERCE

(Street)

(State)

(Zip)

(Month/Day/Year)

06/01/2013

below) General Counsel & Secretary

BLVD.

4. If Amendment, Date Original

Filed(Month/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

Person

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

BOCA RATON, FL 33487

Tuble 1 Tion Berryunive Securities Frequired, Disposed oi, of Bene								n, or beneficial	ij O Wiled
1.Title of	2. Transaction Date 2A. Deemed		3.	4. Securities Acquired			5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transaction(A) or Disposed of (D)				Securities	Form: Direct	Indirect
(Instr. 3)		any	Code	Code (Instr. 3, 4 and 5)			Beneficially	(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)				Owned	Indirect (I)	Ownership
							Following	(Instr. 4)	(Instr. 4)
					(4)		Reported		
					(A)		Transaction(s)		
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common Stock (1)	06/01/2013		A	22,500	A	\$ 0	102,774	D	
Common Stock	06/01/2013		F	5,299 (2)	D	\$ 5.21	97,475	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. Transactio Code (Instr. 8)		5. Number of or 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 Underlying Securitie (Instr. 3 and 4)	
					Code		(A)	(D)	Date Exercisable	Expiration Date	Title	Amour or Number of Shar
Sto App Rig	preciation	\$ 5.21	06/01/2013		A		22,500		<u>(3)</u>	06/01/2020	Common Stock	22,50

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Ball Susan E

6551 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 General Counsel & Secretary

Signatures

/s/ Susan E. Ball 06/04/2013

**Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- ** 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 restricted shares of common stock vest in four equal installments. The installments will vest on June 1, 2014, June 1, 2015, June 1, 2016 and June 1, 2017.
- (2) The shares were withheld to satisfy Ms. Ball's tax withholding obligation for restricted stock which vested on June 1, 2013.
- (3) The stock appreciation rights vest in four equal installments. The installments will vest on June 1, 2014, June 1, 2015, June 1, 2016 and June 1, 2017.

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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