

SECURITIES AND EXCHANGE COMMISSION

FORM 3

Filing Date: **2004-05-18** | Period of Report: **2004-05-11**
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REPORTING OWNER

Ball Susan E

CIK: **1290872**

Type: **3** | Act: **34** | File No.: **000-33169** | Film No.: **04815974**

Mailing Address

6551 PARK OF COMMERCE
BLVD.
BOCA RATON FL 33487

Business Address

(800)347-2264

ISSUER

CROSS COUNTRY HEALTHCARE INC

CIK: **1141103** | IRS No.: **134066229** | State of Incorporation: **DE** | Fiscal Year End: **1231**

SIC: **7363** Help supply services

Mailing Address

6551 PARK COMMERCE BLVD
SUITE 200
BOCA RATON FL 33487

Business Address

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SUITE 200
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL	
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INITIAL STATEMENT OF 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

1. Name and Address of Reporting Person <u>Ball Susan E</u> (Last) (First) (Middle) <u>C/O CROSS COUNTRY HEALTHCARE, INC., 6551 PARK OF COMMERCE BLVD.</u> (Street) <u>BOCA RATON, FL 33487</u> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>05/11/2004</u>	3. Issuer Name and Ticker or Trading Symbol <u>CROSS COUNTRY HEALTHCARE INC [CCRN]</u>		
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) ___ Director ___ 10% Owner <u>X</u> Officer (give title below) ___ Other (specify below) <u>General Counsel & Asst. Secy</u>		5. If Amendment, Date Original Filed (Month/Day/Year)
		6. Individual or Joint/Group Filing (Check applicable line) <u>X</u> Form Filed by One Reporting Person ___ Form Filed by More than One Reporting Person		

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Employee Stock Option (right to buy)	(1)	08/08/2012	Common Stock	7,500	\$12.31	D	
Employee Stock Option (right to buy)	(2)	04/11/2013	Common Stock	3,500	\$10.38	D	

Explanation of Responses:

- The option is subject to the vesting schedule set forth in the Amended and Restated Stock Option Plan of the Company. The option is currently exercisable as to 1,875 shares. The option will be exercisable as to 3,750 shares as of August 8, 2004, 5,625 as of August 8, 2005 and 7,500 as of August 8, 2006.
- The option is subject to the vesting schedule set forth in the Amended and Restated Stock Option Plan of the Company. The option is currently exercisable as to 875 shares. The option will be exercisable as to 1,750 shares as of April 11, 2005, 2,625 as of April 11, 2006 and 3,500 as of April 11, 2007.

Signatures

/s/ Susan E. Ball

05/18/2004

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

* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.