Edgar Filing: White Buffy S - Form 4

Washington, D.C. 20549 Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. SECURITIES								OMB Number: Expires: Estimated a burden hou response			
(Print or Type)	Responses)										
White Buffy SSymboCROS				. Issuer Name and Ticker or Trading mbol ROSS COUNTRY EALTHCARE INC [CCRN]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Month/I				Date of Earliest Transaction Ionth/Day/Year) 5/31/2018				Director 10% Owner X Officer (give title Other (specify below) President, Travel Division			
				endment, Date Original onth/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 			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	3. Transactio Code (Instr. 8) Code V	(Instr. 3, Amount	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	03/31/2018			А	9,451 (1)	А	\$0	14,988	D		
Common Stock	03/31/2018			F	658 <u>(2)</u>	D	\$ 11.11	14,330	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 (9-02) required to respond unless the form displays a currently valid OMB control number.

1

Edgar Filing: White Buffy S - Form 4

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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
White Buffy S C/O CROSS COUNTRY HEALTHCARE, INC. 5201 CONGRESS AVENUE BOCA RATON, FL 33487			President, Travel Division		
Signatures					

Signatures

/s/ Buffy S. 04/03/2018 White

**Signature of Reporting Person 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).
- These restricted shares of common stock vest in three equal installments. The installments will vest on March 31, 2019, March 31, 2020 (1)and March 31, 2021.
- (2) These shares were withheld to satisfy Ms. White's tax withholding obligation for restricted stock which vested on March 31, 2018.

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.