

Edgar Filing: CROSS COUNTRY INC - Form 4

CROSS COUNTRY INC
Form 4
August 21, 2002

OMB APPROVAL

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U.S. SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(f) of the Investment Company Act of 1940

[] Check box if no longer subject to Section 16. Form 4 or Form 5 obligations
may continue. See Instruction 1(b).
(Print or Type Responses)

1. Name and Address of Reporting Person*

Gardner Annette M.

(Last) (First) (Middle)
3003 Terramar St. #1701

(Street)
Fort Lauderdale FL 33304

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol

Cross Country, Inc. (CCRN)

3. IRS Identification Number of Reporting Person, if an Entity (Voluntary)

4. Statement for Month/Year

August 2002

5. If Amendment, Date of Original (Month/Year)

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6. Relationship of Reporting Person to Issuer
(Check all applicable)

- Director 10% Owner
 Officer (give title below) Other (specify below)
President, Cross Country Local

7. Individual or Joint/Group Filing (Check applicable line)

- Form filed by one Reporting Person
 Form filed by more than one Reporting Person

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 TABLE I -- NON-DERIVATIVE SECURITIES ACQUIRED, DISPOSED OF,
 OR BENEFICIALLY OWNED
 =====

1. Title of Security (Instr. 3)	2. Transaction Date (mm/dd/yy)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		
		----- Code	V	----- Amount	or (A) (D)	Price
COMMON STOCK	8/14/02	P		5,000	A	\$12.65

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

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Explanation of Responses:

Annette M. Gardner

/s/ Annette M. Gardner

8/20/02

**Signature of Reporting Person

Date

** 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 provided 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.