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1. NAME OF REPORTING PERSON
SKYLINE ASSET MANAGEMENT, L.P.
CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP
2. (a)
(b)
3. SEC USE ONLY
4. CITIZENSHIP OR PLACE OF ORGANIZATION
DELAWARE
SOLE VOTING POWER
5. NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH:
1,447,889 SHARED VOTING POWER
0 SOLE DISPOSITIVE POWER
7. 1,447,889 SHARED DISPOSITIVE POWER
8. 0
AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON
9. 1,447,889
CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES
10. PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)
11. 4.44%
TYPE OF REPORTING PERSON
12. IA

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Item Name of Issuer:

1(a).

Cross Country Healthcare, Inc.

Item Address of Issuer's Principal Executive Offices:

1(b).

6551 Park of Commerce Blvd, Suite 200
Boca Raton, FL 33487

Item Name of Person Filing:

2(a).

Skyline Asset Management, L.P.

Item Address of Principal Business Office or, if none, Residence:

2(b).

120 South LaSalle Street
Suite 1320
Chicago, IL 60603

Item Citizenship:

2(c).

Delaware Limited Partnership

Item Title of Class of Securities:

2(d).

Common Stock

Item CUSIP Number:

2(e).

227483104

Item 3. a: If this statement is filed pursuant to §§240.13d-1(b) or 240.13d-2(b) or (c), check whether the person filing is

(a) Broker or dealer registered under Section 15 of the Act (15 U.S.C. 78o);

(b) Bank as defined in Section 3(a)(6) of the Act (15 U.S.C. 78c);

(c) Insurance company as defined in Section 3(a)(19) of the Act (15 U.S.C. 78c);

(d) Investment company registered under Section 8 of the Investment Company Act of 1940 (15 U.S.C. 80a-8);

(e) An investment adviser in accordance with §240.13d-1(b)(1)(ii)(E);

(f) An employee benefit plan or endowment fund in accordance with §240.13d- 1(b)(1)(ii)(F);

(g) A parent holding company or control person in accordance with §240.13d- 1(b)(1)(ii)(G);

- (h) A savings association as defined in Section 3(b) of the Federal Deposit Insurance Act (12 U.S.C. 1813);
- (i) A church plan that is excluded from the definition of an investment company under section 3(c)(14) of the Investment Company Act of 1940 (15 U.S.C. 80a-3);

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- (j) A non-U.S. institution in accordance with §240.13d-1(b)(1)(ii)(J);
- (k) Group, in accordance with §240.13d-1(b)(1)(ii)(K).

If filing as a non-U.S. institution in accordance with §240.13d-1(b)(1)(ii)(J), please specify the type of institution: _____

Item 4. Ownership.

Provide the following information regarding the aggregate number and percentage of the class of securities of the issuer identified in Item 1.

- (a) Amount beneficially owned: 1,447,889
- (b) Percent of class: 4.44%
- (c) Number of shares as to which such person has:
 - (i) Sole power to vote or direct the vote: 1,447,889
 - (ii) Shared power to vote or direct the vote: 0
 - (iii) Sole power to dispose or to direct the disposition of: 1,447,889
 - (iv) Shared power to dispose or to direct the disposition of: 0

Item 5. Ownership of Five Percent or Less of a Class.

If this statement is being filed to report the fact that as of the date hereof the reporting person has ceased to be the beneficial owner of more than five percent of the class securities, check the following [X]

Item 6. Ownership of More than Five Percent on Behalf of Another Person.

Not applicable

Item 7. Identification and Classification of the Subsidiary Which Acquired the Security Being Reported on by the Parent Holding Company or Control Person.

Not applicable.

Item 8. Identification and Classification of Members of the Group.

Not applicable.

Item 9. Notice of Dissolution of Group.

Not applicable.

Item 10. Certification.

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were acquired and are held in the ordinary course of business and were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect.

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SIGNATURE

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

February 16, 2016

Date

/s/Stephen F. Kendall

Signature

Stephen F. Kendall, Chief Compliance Officer

Name and Title

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