

Edgar Filing: SHAFFER FRANKLIN A - Form 4

SHAFFER FRANKLIN A  
Form 4  
November 20, 2001

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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 of Section 16. Form 4 or Form 5 obligations  
may continue. See Instruction 1(b).

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1. Name and Address of Reporting Person\*

|                        |          |          |
|------------------------|----------|----------|
| Shaffer                | Franklin | A.       |
| (Last)                 | (First)  | (Middle) |
| 118 Perry St. Apt. J39 |          |          |
| (Street)               |          |          |
| New York               | New York | 10014    |
| (City)                 | (State)  | (Zip)    |

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2. Issuer Name and Ticker or Trading Symbol

Cross Country, Inc. (CCRN)  
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3. IRS Identification Number of Reporting Person, if an Entity (Voluntary)  
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4. Statement for Month/Year

October 2001  
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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, Education and Training Division

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

☒ 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

| 1.<br>Title of Security<br>(Instr. 3) | 2.<br>Transaction<br>Date<br>(mm/dd/yy) | 3.<br>Transaction<br>Code<br>(Instr. 8) | 4.<br>Securities Acquired (A) or<br>Disposed of (D)<br>(Instr. 3, 4 and 5) | (A) or<br>(D) | Price |
|---------------------------------------|-----------------------------------------|-----------------------------------------|----------------------------------------------------------------------------|---------------|-------|
|---------------------------------------|-----------------------------------------|-----------------------------------------|----------------------------------------------------------------------------|---------------|-------|

|                                              |          |   |       |   |         |
|----------------------------------------------|----------|---|-------|---|---------|
| Common Stock, \$.0001 par<br>value per share | 10/25/01 | P | 3,000 | A | \$17.00 |
|----------------------------------------------|----------|---|-------|---|---------|

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).

(Print or Type Responses)

(Over)  
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FORM 4 (continued)

Table II -- Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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| 1.<br>Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conver-<br>sion<br>or<br>Exer-<br>cise<br>Price<br>of<br>Deriv-<br>ative<br>Secur-<br>ity | 3.<br>Trans-<br>action<br>Date<br>(Month/<br>Day/<br>Year) | 4.<br>Trans-<br>action<br>Code<br>(Instr. 8)<br>-----<br>Code V | 5.<br>Number of<br>Derivative<br>Securities<br>Acquired (A)<br>or Disposed<br>of (D)<br>(Instr. 3,<br>4 and 5)<br>-----<br>(A) (D) | 6.<br>Date<br>Exercisable and<br>Expiration Date<br>(Month/Day/Year)<br>-----<br>Date Expiration<br>Exercisable Date | 7.<br>Title and Amount<br>of Underlying<br>Securities<br>(Instr. 3 and 4)<br>-----<br>Amount<br>or<br>Number<br>of<br>Shares |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
|                                                        |                                                                                                 |                                                            |                                                                 |                                                                                                                                    |                                                                                                                      |                                                                                                                              |

### Explanation of Responses:

/s/ Franklin A. Shaffer

11/19/01

\*\*Signature of Reporting Person  
Franklin A. Shaffer

Date \_\_\_\_\_

\*\* Intentional misstatements or omissions of facts constitute Federal

## Edgar Filing: SHAFFER FRANKLIN A - Form 4

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.

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