Instruction 1(b).

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Nashington, D.C. 20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
houre per reenonee	. 0.5									

				or Se	ection 30(h) of the Ir	vestme	nt Coi	mpany Act of	1940					
1. Name and Address of Reporting Person* OLEARY DENIS					uer Name <b>and</b> Tick wdStrike Hol		_	,		lationship of Report ck all applicable)	eporting Person(s) to Issuer e)			
<u>ULEARY DENIS</u>							,	_ L	X	Director	10%	Owner		
(Last)	(First)	3. Date of Earliest Transaction (Month/Day/Year) 03/20/2024							Officer (give title below)	e Othe belo	er (specify w)			
C/O CROWDSTRIKE HOLDINGS, INC. 206 E. 9TH ST., STE. 1400				4. If A	Amendment, Date o	f Origina	al File	d (Month/Day	6. Inc	6. Individual or Joint/Group Filing (Check Applicable Line)				
									X	X Form filed by One Reporting Person				
(Street) AUSTIN TX 78701						Form filed by M Person	More than One Reporting							
	1A	78701		Rule 10b5-1(c) Transaction Indication										
(City)	(State)	(Zip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									ntended to	
		Table I - No	n-Deriva	tive S	Securities Acq	uired,	Dis	posed of,	or Bei	neficiall	y Owned			
Date		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Class A common stock 03/20/				024		A		38(1)	A	\$0	5,963(2)	D		
Class A common stock											8,430	I	By charitable remainder trust UAD 12/8/20 <sup>(3)</sup>	
		Table II	Derivativ	vo So	curities Acqu	irad [	)ien	need of a	r Bono	ficially	Owned	<u> </u>		

## (e.g., puts, calls, warrants, options, convertible securities)

ı				1	<del></del>								1			
	1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)				6. Date Exerc Expiration Da (Month/Day/\)	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

## **Explanation of Responses:**

- 1. The shares represent fully vested stock units ("RSUs") issued in lieu of quarterly cash retainer(s) payable under the issuer's Outsider Director Compensation Policy. The RSUs immediately converted into shares of the issuer's Class A Common Stock.
- 2. Includes shares to be issued in connection with the vesting of one or more RSUs.
- 3. The Reporting Person disclaims beneficial ownership of the shares except to the extent of his pecuniary interest in such shares

/s/ Remie Solano, Attorney-in-03/21/2024 Fact

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.