FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Podbere Burt W.						2. Issuer Name and Ticker or Trading Symbol CrowdStrike Holdings, Inc. [CRWD]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title Other (specify						
(Last) (First) (Middle) C/O CROWDSTRIKE HOLDINGS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 04/19/2023									X Officer (give title Officer (specify below) CHIEF FINANCIAL OFFICER						
206 E. 9TH ST., STE. 1400						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) AUSTIN TX 78701						X Form filed by One Reporting Person Form filed by More than One Reporting Person												- 1			
(City)	(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication															
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											ded to									
		Table	1 - 1	Non-Deriva	ative	Secu	rities	Acc	quir	ed, I	Disp	osed o	f, or I	Benefic	ially Own	ed					
Date			2. Transaction Date (Month/Day/Ye	Executio		n Date,	Tr C	3. Transaction Code (Instr. 8)						5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								C,	Code V		Amo	ount	(A) or (D)	Price	Transaction (Instr. 3 and		(IIIsti. 4)		(Instr. 4)		
Class A common stock 04/19/202					3				Α		58,	,182(1)	A	\$0	395,020	395,020(2)					
Class A c	Class A common stock												42,800		I		Buttonwillow Trust ⁽³⁾				
Class A c	ommon sto	on stock 42,800 I Dori							Doris	s Trust ⁽³⁾											
		Tal	ble	II - Derivati (e.g., pເ												d					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if a	Deemed scution Date, ny onth/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration (Month/Date)				Amo Secu Unde Deriv	rlying ative rity (Instr.	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)	
Evnlanation	n of Respons				Code	v	(A)	(D)	Da Ex	te ercisal		Expiration Date	Title	Amount or Number of Shares	er						
•	-	ested restricted stock	units	("RSUs") that v	est in	16 equal	quarter	ly inst	tallme	ents be	ginnir	ng on June	20, 2023	s, subject to	the reporting	person	's continued	d servi	ce throu	gh each	

- applicable vesting date.
- $2. \ \,$ Includes shares to be issued in connection with the vesting of one or more RSUs.
- 3. The reporting person disclaims beneficial ownership except to the extent of his pecuniary interest therein.

/s/ Remie Solano, Attorney-in-04/21/2023

** Signature of Reporting Person Date

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).
- ** 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.