FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540	
Nashington,	D.C.	20049	

<b>STATEMENT</b>	OF CHANGE	S IN BENEFIC	IAL OWNERSHI	P

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours per response:										

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* <u>Watzinger Gerhard</u>						2. Issuer Name and Ticker or Trading Symbol CrowdStrike Holdings, Inc. [ CRWD ]								(Ch	telationship eck all app X Direc	,	ng Per	rson(s) to Is		
(Last)	(Fir	/	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/20/2023								Office below	er (give title v)		Other (: below)	specify		
	OWDSTRII TH ST., ST	KE HOLDINGS E. 1400	s, INC.		If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person							
(Street)	TX	K 7	78701											Form filed by More than One Reporting Person						
(City)	(St	ate) (2	Zip)		$ _{\Box}$	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Inst								to a co Instruc	o a contract, instruction or written plan that is intended to struction 10.					
		Table	l - Noi	n-Deriva	tive S	Secu	rities	Acq	uired,	Disp	osed of	, or E	3ene	ficia	lly Own	ed				
1. Title of Security (Instr. 3)		2. Transa Date (Month/Da	ay/Year) Ex		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (ADisposed Of (D) (Instr. 35)			4 and Securities Beneficiall Owned Fol		Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) (D)	(A) or (D)			ed ction(s) 3 and 4)			(Instr. 4)	
Class A c	ommon sto	ck		12/20/	2023	023		A		103(1)	A \$0		6,	6,256(2)		D				
Class A common stock														42	2,391		I	By Clavius Capital LLC <sup>(3)</sup>		
Class A c	ommon sto	ck													7	7,000			By wife <sup>(3)</sup>	
		Tal									sed of, o				y Owne	d				
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Tran Security or Exercise (Month/Day/Year) if any Cod			Transa Code (	action of		Expiration Date (Month/Day/Year) Se Un De Se			Amou Secu Unde Deriv	erlying rative rity (Instr.		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amo or Num of Shar	ber	ner					

## **Explanation of Responses:**

- 1. The shares represent fully-vested restricted 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-12/21/2023 **Fact** 

\*\* 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.