FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burden									
l	hours per response:	0.5								

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

							75() 5				iipaiiy Act c	J. 20 .								
1. Name a	2. Issuer Name and Ticker or Trading Symbol CrowdStrike Holdings, Inc. [CRWD]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
														X Direc	tor		10% Ov	vner		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 06/21/2023									Office below	er (give title v)		Other (s	specify	
C/O CROWDSTRIKE HOLDINGS, INC.						4. If Amendment, Date of Original Filed (Month/Day/Year)								6 11	6. Individual or Joint/Group Filing (Check Applicable					
206 E. 9TH ST., STE. 1400					- in a mentionerity bate of original rated (month/bay/rear)									Line)						
,									:	X Form filed by One Reporting Person										
(Street)															Form filed by More than One Reporting Person					
AUSTIN TX 78701					Dula 10hE 1(a) Transportion keeliseties															
					Rule 10b5-1(c) Transaction Indication															
(City)	(City) (State) (Zip)				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.											ended to				
		Table	I - No	n-Deriva	tive Se	ecur	ities	Acq	uired,	Dis	posed of	f, or	Ben	eficia	ılly Owr	ned				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date,		oate,	Transaction Disposed C Code (Instr. and 5)			ties Acquired (A) I Of (D) (Instr. 3, 4			5. Amo Securi Benefi Owned Follow	ties cially I ing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D)		Price		ted action(s) 3 and 4)					
Class A c	2023			A		1,737(1)	7 ⁽¹⁾ A		\$0	117	⁷ ,656 ⁽²⁾		D							
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		tion Date,	Code (Instr. 8) Sec Acq (A) Disp of (I		Numi	ative rities ired osed	6. Date E Expiratio (Month/D		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and			3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y 1	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi t (Instr. 4)			
			Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	or Num of									

Explanation of Responses:

- 1. The shares represent unvested restricted stock units ("RSUs"), with the RSUs vesting in full on the earlier of (i) the one-year anniversary of the date of grant or (ii) the date of the Issuer's next annual meeting of stockholders held after the date of grant.
- 2. Includes shares to be issued in connection with the vesting of one or more RSUs.

/s/ Remie Solano, Attorneyin-Fact

06/22/2023

** 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.