Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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|--|----------------------|-----------|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-0287 |
| | Estimated average bu | rden |
| Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 | hours per response: | 0.5 |
| or Section 30(h) of the Investment Company Act of 1940 | | |
| | | |

| 1. Name and Address of Reporting Person [*] Henry Shawn | | g Person [*] | 2. Issuer Name and Ticker or Trading Symbol <u>CrowdStrike Holdings</u> , Inc. [CRWD] | | ationship of Reporting Pe (all applicable) Director | 10% Owner | | | | | |
|--|--|-----------------------|--|-------------------|--|---------------------------------------|--|--|--|--|--|
| (Last)(First)(Middle)C/O CROWDSTRIKE HOLDINGS, INC.206 E. 9TH STREET, SUITE 1400 | | (<i>)</i> | 3. Date of Earliest Transaction (Month/Day/Year) 03/21/2023 | X | Officer (give title below) CHIEF SECURITY | Other (specify below) 7 OFFICER | | | | | |
| | | E 1400 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | , | | | | | | |
| (Street) | | | | | Form filed by More that | Ū. | | | | | |
| AUSTIN | TX | 78701 | | | Person | an One Reporting | | | | | |
| (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. | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Disposed Of 5) | | | Securities Beneficially | Form: Direct | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|------------------------------|---|------------------------------------|---------------|----------|------------------------------------|--------------|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Class A common stock | 03/21/2023 | | S | | 10,462 | D | \$131.85 | 198,972(1) | D | |

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

| L | | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|-----|-----|--|---|-------|---|--|--|--|--|
| 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) | | of | | 6. Date Exerc Expiration Da (Month/Day/Y | 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. Includes shares to be issued in connection with the vesting of one or more restricted stock units ("RSUs").

Remarks:

All reported sales were made to cover tax withholdings due on vesting of restricted stock unit awards, as required under the Issuer's administrative policies.

/s/ Remie Solano, as Attorneyin-Fact for Shawn Henry 03/22/2023

** 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.