FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549		

OMB AP	ROVAL
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c) See Instruction 10

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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Name and Address of Reporting Person* Saha Anurag			2. Issuer Name and Ticker or Trading Symbol CrowdStrike Holdings, Inc. [CRWD]							5. I (CI	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
Sana A	nurag									,	— L				Dire	ctor		10% Ov	wner		
														_	✓ Office below	er (give title		Other (s	specify		
(Last)	(Fir	st) (M	Middle)					Transa	action (N	/lonth/	Day/Year)					,	NITINI	, ,	PED		
C/O CRO	OWDSTRIE	KE HOLDINGS.	, INC.		10/0	8/202	24								CHIEF ACCOUNTING OFFICER						
206 F 9	TH STREE	T, SUITE 1400																			
200 E. 7	III DIREE	1, 50111 1100			4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable									nnlicable							
(Street)					" /	TITICITO	mont,	Date of	Oligilio	11 1100	a (World #Da	ly/ I Cal	')	Lin		0011100100	ıpı ımış	g (Oncon A	pplicable		
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(City)	(St	ate) (2	<u>Z</u> ip)																		
		Table	I - Non-	-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or l	Bene	eficia	ally Owr	ned					
1. Title of	Security (Inst	r. 3)		2. Transac						(A) or	A) or 5. Amount of				7. Nature						
				Date (Month/Da			cution Date,		Transaction Disposed O Code (Instr. 5)		Of (D) (Instr. 3, 4		3, 4 ar	and Securities Beneficially			rm: Direct or Indirect	of Indirect Beneficial			
(,	(Month/Day/		y/Year) 8)		'			Owne Repor	d Following (l) ((Instr. 4)	Ownership (Instr. 4)					
							Code	v	Amount	(A)) or	Price	Trans	saction(s)			(111511. 4)				
					0000	Ľ	Amount	(D)	1 1100	(Instr.	3 and 4)									
Class A Common Stock 10/08/2					2024			Α		5,566 ⁽¹⁾ A		\$ <mark>0</mark>	42,922(2)			D					
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		Iai									osed of, onvertib					eu					
1. Title of 2. 3. Transaction 3.4						4.		5. Number				7. Title and			8. Price of			10.	11. Nature		
Derivative Conversion Date Security or Exercise (Month/Day/Year		Date (Month/Day/Year)	Execution Date, if any		Transaction Code (Instr.				Expiration Date Amount of (Month/Day/Year) Securities			·	Derivative Security	derivative Securities			of Indirect Beneficial				
(Instr. 3) Price of (Month/Day						Securities		Underlying			,	(Instr. 5)	Beneficial Owned	ially Direct (Direct (D)) Ownership					
	Derivative Security				Acquired (A) or				Derivative Security (Ins			nstr.		Following		or Indirect (I) (Instr. 4)	(Instr. 4)				
	-					Disposed 3 and 4)						Reported Transaction	n(e)								
					of (D) (Instr. 3, 4							(Instr. 4)	,,,(2)								
				ļ	and 5)																
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Explanation of Responses:

- 1. The shares represent unvested restricted stock units ("RSUs") that vest in 16 equal quarterly installments beginning on December 20, 2024, subject to the reporting person's continued service through each applicable vesting date.
- 2. Includes shares to be issued in connection with the vesting of one or more RSUs.

<u>/s/ Deanna Butler, Attorney-in-Fact</u>

10/10/2024

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** 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.