FORM 4

## **UNITED STATES SECU**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OMB APPROVAL										
OMB Number:	3235-0287									
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0.5

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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(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

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-
4(-) O I

1(c). See In	struction 10.														
Name and Address of Reporting Person*     OLEARY DENIS				2. Issuer Name <b>and</b> Ticker or Trading Symbol  CrowdStrike Holdings, Inc. [ CRWD ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
									V	Director	10%	Owner			
(Last) (First) (Middle) C/O CROWDSTRIKE HOLDINGS, INC.					te of Earliest Trans. 0/2024	action (	Month	/Day/Year)		Officer (give title Other (specify below)					
206 E. 9TH	ST., STE. 1400			4. If A	Amendment, Date o	f Origin	al File	d (Month/Day		6. Individual or Joint/Group Filing (Check Applicable					
(Street) AUSTIN TX 78701										Line)  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City)	(State)	(Zip)													
		Table I - No	n-Derivat	tive S	Securities Acq	uired	, Dis	posed of,	or Bei	neficial	y Owned				
Da		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
						Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)		
Class A com	mon stock		09/20/20	024		A		40(1)	A	\$0	6,676(2)	D			
Class A com	mon stock										8,430	I	By charitable remainder trust UAD 12/8/20 <sup>(3)</sup>		
Class A com	mon stock										22,346	I	By Hohnco, LLC <sup>(3)</sup>		
													By		

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

1				(0.9., pt	110, 01	, i	·uiic	,	options, t		.0 00	oui itioo	,			
1	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 Deriv Secu Acqu (A) o Dispo	posed D) str. 3, 4				e and int of rities rlying ative rity (Instr. 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:**

Class A common stock

- 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-09/23/2024 <u>Fact</u>

25,817

Ryderco, LLC(3)

\*\* 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.