FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per respons	0. 0.5								

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.

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*     OLEARY DENIS						2. Issuer Name and Ticker or Trading Symbol CrowdStrike Holdings, Inc. [ CRWD ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
(Last) (First) (Middle) C/O CROWDSTRIKE HOLDINGS, INC. 206 E. 9TH ST., STE. 1400				12/2	3. Date of Earliest Transaction (Month/Day/Year) 12/20/2024									Officer (give title Other (specif below) below)							
(Street) AUSTIN TX 78701					4. If A	If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person					
(City)			Zip)													Form filed by More than One Reporting Person					
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired.	Dis	posed of	, or B	enefi	icial	y Own	ed					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)				red (A) str. 3, 4	or 4 and		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	r <sub>Pri</sub>	се	Reporte Transac (Instr. 3	tion(s)		"	nstr. 4)		
Class A c	ommon sto	ck		12/20/2	2024				A		31(1)	A	,	\$ <mark>0</mark>	30,6	500(2)	D				
Class A common stock														23,	682	I	re tr U	y naritable emainder ust (AD) (15/22 <sup>(3)</sup>			
Class A common stock														4,7	200	I	re tr U	y naritable emainder ust (AD (2/8/20 <sup>(3)</sup>			
Class A common stock														19,	.094	I	gi re ai	y 2022 rantor etained nuity ust			
Class A common stock															17,	946	I		y ohnco, LC <sup>(3)</sup>		
Class A common stock														21,	417	Ι		y yderco, LC <sup>(3)</sup>			
		Tal									osed of, convertib				Owne	d t					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year)  3. Deemed Execution Date, if any (Month/Day/Year)			4. Transa	4. Transaction Code (Instr. 8) Si Ad (A		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			isable and	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Di Si	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code V (A)		(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares								

## Explanation of Responses:

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-12/23/2024

<u>Fact</u>
\*\* Signature of Reporting Person

g Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.