Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

/ashington,	D.C.	20549	
-------------	------	-------	--

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

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

Form: Direct (D)

or Indirect (I) (Instr. 4) Beneficial

Ownership (Instr. 4)

1. Name and Address of Reporting Person* Robinson Michael Kent (Last) (First) (Middle) 11440 TOMAHAWK CREEK PKWY				2. Issuer Name and Ticker or Trading Symbol CROSSFIRST BANKSHARES, INC. [CFB] 3. Date of Earliest Transaction (Month/Day/Year) 02/08/2021						(Ch	5. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Owne Officer (give title below) Director 10% Defense (specific person)			wner (specify	
(Street) LEAWO (City)			6211 Zip)		4. If Amen	dment, Date o	f Origina	al Filed	d (Month/Day	/Year)	Line	e) <mark>X</mark> Forn	n filed by On n filed by Mo	p Filing (Check e Reporting Per re than One Re	son
		Table	I - Non-	-Derivati	ive Secu	urities Acq	uired,	Dis	posed of.	or Ber	neficia	llv Owr	had		
Date							-	,			, •	eu			
1. Title of	Security (Ins	tr. 3)	D	2. Transactic Date Month/Day/	Year) Exe	Deemed ecution Date, ny onth/Day/Year)	3. Transa Code (8)	ction	4. Securities Disposed Of 5)		d (A) or	5. Amo Secur Benef Owner	ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
1. Title of	Security (Ins	tr. 3)	D	Date	Year) Exe	ecution Date, ny	Transa Code (ction	4. Securities Disposed Of		d (A) or	5. Amo Securi Benef Owner Repor Transa	ount of ties cially I Following	Form: Direct (D) or Indirect	of Indirect Beneficial
1. Title of S	· · ·	tr. 3)	D (M	Date	Year) Exe if a (Mo	ecution Date, ny	Transa Code (8)	ction Instr.	4. Securities Disposed Of 5)	(A) or	d (A) or : 3, 4 and	5. Amo Securi Benefi Owned Repor Transa (Instr.	ount of ties cially I Following ted action(s)	Form: Direct (D) or Indirect	of Indirect Beneficial Ownership
	· · ·	<i>'</i>	ble II - D	Oate Month/Day/ 02/08/20 Derivative	Year) Exe if a (Mc	ecution Date, ny	Transa Code (8) Code S ⁽¹⁾	ction Instr.	4. Securities Disposed Of 5) Amount 1,000 Disect of, o	(A) or (D)	Price \$11.9	5. Ame Secur Benef Ownee Repor Transa (Instr.	ount of ties cially d Following ted action(s) 3 and 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership

Date

Exercisable

(Month/Day/Year)

Explanation of Responses:

or Exercise Price of Derivative

Security

1. This transaction was made pursuant to a 10b-5(1) plan.

(Month/Day/Year)

Remarks:

Security (Instr. 3)

/s/ Aisha Reynolds, Attorney-

in-Fact for Michael Kent

Securities

Derivative

Title

Underlying

Security (Instr. 3 and 4)

Amount Number

Shares

Security (Instr. 5)

Securities

Following Reported

Transaction(s) (Instr. 4)

Owned

Beneficially

Robinson

Expiration

Date

02/08/2021

** Signature of Reporting Person Date

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

if any (Month/Day/Year)

- * 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).

Code (Instr.

8)

Code

Derivative

Securities Acquired

(A) or Disposed

of (D) (Instr. 3, 4 and 5)

(D)

(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.