SEC Form 4	
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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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL

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

				or Section 30(h) of the								
1. Name and Address of Reporting Person* O'Toole David L.				2. Issuer Name and Tic <u>CROSSFIRST F</u> CFB]				(Che	CK all applicable)	ting Person(s) to Issuer 10% Owner e Other (specify		
(Last) 11440 TOMAI	(First) HAWK CREEK		3. Date of Earliest Trans 10/07/2020	saction	(Mont	h/Day/Year)	2	below) below) CFO & Chief Investment Officer				
(Street) LEAWOOD	KS	66211		4. If Amendment, Date	of Origir	nal File	ed (Month/Da	y/Year)	Line	Form filed by C Form filed by N	oup Filing (Cheo One Reporting P Iore than One F	erson
(City)	(State)	(Zip)								Person		
1. Title of Securit		Table I - No	2. Transaction	ive Securities Acc	quired	I, DIS	•	,		,		
			D-4-	Europeter Data		- 41	4. Securities			5. Amount of	6. Ownership	7. Nature of
			Date (Month/Day/Y	ear) Execution Date, if any (Month/Day/Year)	Transa Code (8)		4. Securities Disposed Of 5)			Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial Ownership
				ear) if any	Transa		Disposed Of			Securities Beneficially	Form: Direct (D) or Indirect	Indirect Beneficial
Common Stock				ear) if any (Month/Day/Year)	Transa Code (8)	Instr.	Disposed Of 5)	(D) (Insti	: 3, 4 and	Securities Beneficially Owned Following Reported Transaction(s)	Form: Direct (D) or Indirect	Indirect Beneficial Ownership
Common Stock			(Month/Day/Y	ear) if any (Month/Day/Year)	Transa Code (8) Code	Instr.	Disposed Of 5) Amount	(D) (Instr (A) or (D)	. 3, 4 and Price	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial Ownership

			(e.g., pı	its, ca	alls, v	warra	ants,	options, o	convertib	le se	curities	5)			
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 Expi		6. Date Exerc Expiration Da (Month/Day/\	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. This transaction was made pursuant to a 10b-5(1) plan.

2. 159,489 shares are held by the David L O'Toole Revocable Trust Dated July 17, 2015 with respect to which shares Mr. O'Toole is primary trustee and with respect to which Mr. O'Toole has sole voting and investment power with respect to such shares. 4,250 shares are held by the Lisa A O'Toole Revocable Trust Dated July 17, 2015 with Ms. O'Toole as the primary trustee and to which Mr. O'Toole is a beneficiary.

Remarks:

/s/ Aisha Reynolds, Attorneyin-Fact for David O'Toole

10/09/2020

** 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.