FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ashington,	D.C.	20549	

UIVID APPR	OVAL					
OMB Number:	3235-0287					
Estimated average bu	urden					
hours per response:	0.5					

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## 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

Name and Address of Reporting Person*     Robinson Michael Kent					2. Issuer Name and Ticker or Trading Symbol CROSSFIRST BANKSHARES, INC. [ CFB ]								(Cr	neck all app	rector		10% O	ner	
(Last) 11440 TO	(First) (Middle) TOMAHAWK CREEK PARKWAY					3. Date of Earliest Transaction (Month/Day/Year) 01/06/2022									Office belov	icer (give title ow)		Other ( below)	specify
(Street) LEAWO	OD KS	6 6	6211		4. If <i>F</i>								Lin	e) X Form Form	Form filed by One Reporting Person  Form filed by More than One Reporting				
(City)	(St	ate) (2	Zip)			Person													
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or I	Bene	eficia	ally Own	ed			
Date			2. Transac Date (Month/Da	Execution Date,		3. 4. Securities Acquired ( Transaction Code (Instr. 8)  4. Securities Acquired ( Disposed Of (D) (Instr. 3) 5)				Benefi	ties cially Following	Form (D) o	Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
									Code	v	Amount	(A) (D)	or	Price	Transa	ction(s) 3 and 4)			(11150.4)
Common	Stock			01/06/2	2022				S <sup>(1)</sup>		1,500	I	D	\$ <del>15</del> .	15.9 114,192 D				
		Tal									osed of, o					d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	med on Date, Day/Year)		Transaction of Code (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  7. Title a Amount Security Underly Derivati Security 3 and 4)				unt of rities erlying ative rity (li	,	8. Price of Derivative Security (Instr. 5)		Owners Form: Direct (i or Indirect) (i) (Insti	Ownership	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	or Nun of	ount nber res					

## **Explanation of Responses:**

1. This transaction was made pursuant to a 10b5-(1) plan.

/s/ Benjamin R. Clouse, by Power of Attorney for Michael 01/06/2022 Robinson

\*\* 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.