Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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

| | OMB APPROVAL | | | | | | | | | | |
|---|--------------------|-----------|--|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | | |
| | Estimated average | burden | | | | | | | | | |
| - | houre per reenonee | . 0.5 | | | | | | | | | |

| | | | | | or Sec | ction 3 | 0(h) of the Ir | ivestme | nt Cor | npany Act o | f 1940 | | | | | | |
|--|--|---------|----------|-----------------|---|---|----------------|---------|---|---------------------|---|---|--|---|--|---------|--|
| Name and Address of Reporting Person* Stogner Grey | | | | | 2. Issuer Name and Ticker or Trading Symbol CROSSFIRST BANKSHARES, INC. [CFB] | | | | | | | heck all | ationship of Reporting I call applicable) Director | | 10% Owi | | |
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/29/2023 | | | | | | | | ficer (give title low) | Other (s below) | | specily | |
| (Street) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | |
| LEAWO | LEAWOOD KS 66211 | | | | | | | | | | | F | Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (2 | Zip) | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | |
| | | Table | I - Noı | า-Deriva | tive S | ecur | rities Acq | uired, | Dis | posed of | , or Bei | nefici | ally O | vned | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5) | | | | nd Sed Bed Ow | mount of curities deficially ned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | Tra | Reported Transaction(s) (Instr. 3 and 4) | | | (111501. 4) | | |
| Series A Non-Cumulative Perpetual Preferred Stock ⁽¹⁾ 03/29 | | | 03/29/2 | 2023 | | | A | | 500 | A | \$1,0 | 00 | 500 | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | ivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | on Date, | Transaction of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title at Amount of Securities Underlying Derivativ Security 3 and 4) | of s ng e | 8. Price Derivati Security (Instr. 5 | derivative Securities | Own Forn Direc or In (I) (Ir | ership n: ct (D) direct nstr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. The shares of Series A Non-Cumulative Perpetual Preferred Stock are not convertible into common stock or any other security of the Company.

Code

/s/Amy Abrams, by Power of <u>Attorney</u>

Amount

Shares

03/31/2023

** 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.

(A) (D) Date

Exercisable

Expiration Date

Title