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 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).

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Instructio | n 10. | | | | | | | | | | | | | | | | | | |
|---|---|--|-----------|---|--------|---|---|---------|---|-------|--|---|--|---|--|----------------|--|--|--|
| 1. Name and Address of Reporting Person* Maddox Mike | | | | | | 2. Issuer Name and Ticker or Trading Symbol CROSSFIRST BANKSHARES, INC. [CFB] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| | | | | | | | | | | | | | | ✓ Director Officer | r (give title | | 10% Ov Other (s | · | |
| (Last) (First) (Middle) | | | | | 3. D | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | below) | .0 | · · · · | below) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| 11440 TOMAHAWK CREEK PARKWAY | | | | | | 09/19/2024 | | | | | | | | PK | RESIDEN | TAN | ND CEO | | |
| (Street) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| LEAWOOD KS 66211 | | | | | | | | | | | | | Form filed by One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - No | n-Deriv | /ative | Se | curit | ies Acc | quired, | , Dis | posed of | f, or Ber | neficial | ly Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | ar) i | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | Beneficia Owned F | s ally following | Form (D) or | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) | |
| Common Stock 09/19 | | | | | 9/2024 | 2024 | | | M | | 30,000 A | | \$7.5 | 173 | 173,906 | | D | | |
| Common Stock 09/19 | | | | | 9/2024 | /2024 | | | | | 7,399 | D | \$17.6 | 55 166 | 166,507 | | D | | |
| Common Stock 09/19 | | | | | /2024 | | | | | | 12,748 | D | \$17.6 | 55 153 | 153,759 | | D | | |
| | | T | | | | | | | | | osed of, convertib | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Conversion Date (Month/Day/Year) Price of Derivative | | 3A. Deemed Execution Date, if any (Month/Day/Year) | | action (Instr. | on of | | 6. Date Exerci Expiration Dat (Month/Day/Ye | | te | 7. Title an of Securit Underlyin Derivative (Instr. 3 a | ties ig e Security | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amount or Number of Shares | 1 | | | | | |
| Stock Settled Appreciation Right (Right to Buy) | \$7.5 | 09/19/2024 | | | M | | | 29,388 | 10/25/2 | 018 | 05/01/2025 | Common Stock | 29,388 | \$0 | 0 | | D | | |
| Stock Settled Appreciation Right (Right | \$7.5 | 09/19/2024 | | | M | | | 612 | 05/01/2 | 019 | 05/01/2025 | Common Stock | 612 | \$0 | 38,57 | 0 | D | | |

Explanation of Responses:

/s/Amy Abrams, by Power of Attorney

** Signature of Reporting Person

09/23/2024

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).

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.

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).