The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549
FORM D

OMB APPROVAL OMB Number: 3235-0076

Estimated average burden hours per response: 4.00

Notice of Exempt Offering of Securities

1. Issuer's Identity			
	Previous		
CIK (Filer ID Number)	Names	None	Entity Type
0001458412	CROSSFIRS	T HOLDINGS LLC	X Corporation
Name of Issuer			Limited Partnership
CROSSFIRST BANKSHARES, IN	NC.		Limited Liability Company
Jurisdiction of Incorporation/Org	anization		General Partnership
KANSAS			Business Trust
Year of Incorporation/Organizati	ion		
X Over Five Years Ago			Other (Specify)
Within Last Five Years (Spe	cify Year)		
Yet to Be Formed			
2. Principal Place of Business	and Contact Information		
Name of Issuer			
CROSSFIRST BANKSHARES, IN	NC.		
Street Address 1		Street Address 2	
11440 TOMAHAWK CREEK PAR	RKWAY		
City	State/Province/Country	ZIP/PostalCode	Phone Number of Issuer
LEAWOOD	KANSAS	66211	913-901-4516
3. Related Persons			
Last Name	First Name		Middle Name
Abrams	Amy		C.
Street Address 1	Street Address 2		
11440 Tomahawk Creek Parkway			
City	State/Province/Co	ountry	ZIP/PostalCode
Leawood	KANSAS		66211
Relationship: X Executive Office	cer Director Promoter		
Clarification of Response (if Nec	essary):		
Last Name	First Name		Middle Name
Brenneman	Rod		
Street Address 1	Street Address 2		
11440 Tomahawk Creek Parkway			
City	State/Province/Co	ountry	ZIP/PostalCode
Leawood	KANSAS		66211
Relationship: Executive Office	cer X Director Promoter		
Clarification of Response (if Nec	essary):		
Last Name	First Name		Middle Name
Maddox	Michael		J.
Street Address 1	Street Address 2		
11440 Tomahawk Creek Parkway			
City	State/Province/Co	ountry	ZIP/PostalCode
Leawood	KANSAS	-	66211
Relationship: X Executive Office	cer X Director Promoter		

Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name	
Bruce	George		
Street Address 1	Street Address 2		
11440 Tomahawk Creek Parkway			
City	State/Province/Country	ZIP/PostalCode	
Leawood	KANSAS	66211	
Relationship: Executive Officer X	Director Promoter		
Clarification of Response (if Necessary			
Lost Nama	First Name	Middle Neme	
Last Name	First Name	Middle Name	
Caple	Steven	W.	
Street Address 1	Street Address 2		
11440 Tomahawk Creek Parkway	0	710/0 / 10 /	
City	State/Province/Country	ZIP/PostalCode	
Leawood	KANSAS	66211	
Relationship: Executive Officer X	Director Promoter		
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name	
Geist	Ron		
Street Address 1	Street Address 2		
11440 Tomahawk Creek Parkway			
City	State/Province/Country	ZIP/PostalCode	
Leawood	KANSAS	66211	
Relationship: Executive Officer X		00211	
Clarification of Response (if Necessary): 		
Last Name	First Name	Middle Name	
Grigsby	Jennifer		
Street Address 1	Street Address 2		
11440 Tomahawk Creek Parkway			
City	State/Province/Country	ZIP/PostalCode	
Leawood	KANSAS	66211	
Relationship: Executive Officer X	Director Promoter		
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name	
Hansen III	George	E.	
Street Address 1	Street Address 2	Z.	
11440 Tomahawk Creek Parkway	5.105(7.1ad.1050 <u>F</u>		
City	State/Province/Country	ZIP/PostalCode	
Leawood	KANSAS	66211	
Relationship: Executive Officer X	_	00211	
Clarification of Response (if Necessary) . 		
Last Name	First Name	Middle Name	
Humphreys	Lance		
Street Address 1	Street Address 2		
11440 Tomahawk Creek Parkway			
City	State/Province/Country	ZIP/PostalCode	
Leawood	KANSAS	66211	
Relationship: Executive Officer X	Director Promoter		
Clarification of Response (if Necessary) :		
Last Namo	First Name	Middle Name	
Last Name	First Name	Middle Name	

King	Mason		
Street Address 1	Street Address 2		
11440 Tomahawk Creek Parkway			
City	State/Province/Country	ZIP/PostalCode	
Leawood	KANSAS	66211	
Relationship: Executive Officer X	Director Promoter		
Clarification of Response (if Necessary)):		
Last Name	First Name	Middle Name	
Kuykendall	James		
Street Address 1	Street Address 2		
11440 Tomahawk Creek Parkway			
City	State/Province/Country	ZIP/PostalCode	
Leawood	KANSAS	66211	
Relationship: Executive Officer X	Director Promoter		
Clarification of Response (if Necessary)	<u> </u>		
Last Name	First Name	Middle Name	
Rauckman	Kevin		
Street Address 1	Street Address 2		
11440 Tomahawk Creek Parkway			
City	State/Province/Country	ZIP/PostalCode	
Leawood	KANSAS	66211	
Relationship: Executive Officer X	Director Promoter		
Clarification of Response (if Necessary)):		
Last Name	First Name	Middle Name	
Robinson	Michael		
Street Address 1	Street Address 2		
11440 Tomahawk Creek Parkway			
City	State/Province/Country	ZIP/PostalCode	
Leawood	KANSAS	66211	
Relationship: Executive Officer X	Director Promoter		
Clarification of Response (if Necessary)):		
Last Name	First Name	Middle Name	
Stogner	Grey		
Street Address 1	Street Address 2		
11440 Tomahawk Creek Parkway	Chata/Duayinas/Cayyatay	71D/De etel C e de	
City Leawood	State/Province/Country KANSAS	ZIP/PostalCode 66211	
		00211	
Relationship: X Executive Officer	Director Promoter		
Clarification of Response (if Necessary)):		
Last Name	First Name	Middle Name	
Swinson	Stephen	K.	
Street Address 1	Street Address 2		
11440 Tomahawk Creek Parkway			
City	State/Province/Country	ZIP/PostalCode	
Leawood	KANSAS	66211	
Relationship: X Executive Officer	Director Promoter		
Clarification of Response (if Necessary)			
		Middle At	
Last Name	First Name	Middle Name	
Clouse Street Address 1	Benjamin Street Address 2	R.	
11440 Tomahawk Creek Parkway	Olicel Addless 2		
11 170 TOMANAWA CICCA LAIAWAY			

City	State/Province/Country	ZIP/PostalCode
Leawood	KANSAS	66211
Relationship: X Executive Officer Dir	rector Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Merfen	Jana	
Street Address 1	Street Address 2	
11440 Tomahawk Creek Parkway		
City	State/Province/Country	ZIP/PostalCode
Leawood	KANSAS	66211
Relationship: X Executive Officer Dir	rector Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Peterson	Steve	M.
Street Address 1	Street Address 2	
11440 Tomahawk Creek Parkway		
City	State/Province/Country	ZIP/PostalCode
Leawood	KANSAS	66211
Relationship: X Executive Officer Dir	rector Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Fauss	Amy	
Street Address 1	Street Address 2	
11440 Tomahawk Creek Parkway		
City	State/Province/Country	ZIP/PostalCode
Leawood	KANSAS	66211
Relationship: X Executive Officer Dir	rector Promoter	
Relationship: \overline{X} Executive Officer $\overline{}$ Direction of Response (if Necessary):	rector Promoter	
	rector Promoter First Name	Middle Name
Clarification of Response (if Necessary):		Middle Name W.
Clarification of Response (if Necessary): Last Name	First Name	
Clarification of Response (if Necessary): Last Name Rapp	First Name Randall	
Clarification of Response (if Necessary): Last Name Rapp Street Address 1	First Name Randall	
Clarification of Response (if Necessary): Last Name Rapp Street Address 1 11440 Tomahawk Creek Parkway	First Name Randall Street Address 2	W.
Clarification of Response (if Necessary): Last Name Rapp Street Address 1 11440 Tomahawk Creek Parkway City Leawood	First Name Randall Street Address 2 State/Province/Country	W. ZIP/PostalCode
Clarification of Response (if Necessary): Last Name Rapp Street Address 1 11440 Tomahawk Creek Parkway City Leawood	First Name Randall Street Address 2 State/Province/Country KANSAS	W. ZIP/PostalCode
Clarification of Response (if Necessary): Last Name Rapp Street Address 1 11440 Tomahawk Creek Parkway City Leawood Relationship: X Executive Officer Directory	First Name Randall Street Address 2 State/Province/Country KANSAS	W. ZIP/PostalCode
Clarification of Response (if Necessary): Last Name Rapp Street Address 1 11440 Tomahawk Creek Parkway City Leawood Relationship: X Executive Officer Dir Clarification of Response (if Necessary):	First Name Randall Street Address 2 State/Province/Country KANSAS	W. ZIP/PostalCode 66211
Clarification of Response (if Necessary): Last Name Rapp Street Address 1 11440 Tomahawk Creek Parkway City Leawood Relationship: X Executive Officer Dir Clarification of Response (if Necessary): 4. Industry Group	First Name Randall Street Address 2 State/Province/Country KANSAS rector Promoter Health Care	W. ZIP/PostalCode 66211 Retailing
Clarification of Response (if Necessary): Last Name Rapp Street Address 1 11440 Tomahawk Creek Parkway City Leawood Relationship: X Executive Officer Dir Clarification of Response (if Necessary): 4. Industry Group Agriculture Banking & Financial Services	First Name Randall Street Address 2 State/Province/Country KANSAS rector Promoter Health Care Biotechnology	W. ZIP/PostalCode 66211 Retailing Restaurants
Clarification of Response (if Necessary): Last Name Rapp Street Address 1 11440 Tomahawk Creek Parkway City Leawood Relationship: X Executive Officer Dir Clarification of Response (if Necessary): 4. Industry Group Agriculture Banking & Financial Services Commercial Banking	First Name Randall Street Address 2 State/Province/Country KANSAS rector Promoter Health Care	W. ZIP/PostalCode 66211 Retailing Restaurants Technology
Clarification of Response (if Necessary): Last Name Rapp Street Address 1 11440 Tomahawk Creek Parkway City Leawood Relationship: X Executive Officer Dir Clarification of Response (if Necessary): 4. Industry Group Agriculture Banking & Financial Services Commercial Banking Insurance	First Name Randall Street Address 2 State/Province/Country KANSAS rector Promoter Health Care Biotechnology	W. ZIP/PostalCode 66211 Retailing Restaurants
Clarification of Response (if Necessary): Last Name Rapp Street Address 1 11440 Tomahawk Creek Parkway City Leawood Relationship: X Executive Officer Dir Clarification of Response (if Necessary): 4. Industry Group Agriculture Banking & Financial Services Commercial Banking Insurance Investing	First Name Randall Street Address 2 State/Province/Country KANSAS rector Promoter Health Care Biotechnology Health Insurance Hospitals & Physicians	W. ZIP/PostalCode 66211 Retailing Restaurants Technology Computers
Clarification of Response (if Necessary): Last Name Rapp Street Address 1 11440 Tomahawk Creek Parkway City Leawood Relationship: X Executive Officer Dir Clarification of Response (if Necessary): 4. Industry Group Agriculture Banking & Financial Services Commercial Banking Insurance	First Name Randall Street Address 2 State/Province/Country KANSAS rector Promoter Health Care Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals	W. ZIP/PostalCode 66211 Retailing Restaurants Technology Computers Telecommunications
Clarification of Response (if Necessary): Last Name Rapp Street Address 1 11440 Tomahawk Creek Parkway City Leawood Relationship: X Executive Officer Dir Clarification of Response (if Necessary): 4. Industry Group Agriculture Banking & Financial Services Commercial Banking Insurance Investing Investment Banking Pooled Investment Fund	First Name Randall Street Address 2 State/Province/Country KANSAS rector Promoter Health Care Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care	W. ZIP/PostalCode 66211 Retailing Restaurants Technology Computers Telecommunications Other Technology
Clarification of Response (if Necessary): Last Name Rapp Street Address 1 11440 Tomahawk Creek Parkway City Leawood Relationship: X Executive Officer Dir Clarification of Response (if Necessary): 4. Industry Group Agriculture Banking & Financial Services Commercial Banking Insurance Investing Investing Investment Banking Pooled Investment Fund Is the issuer registered as an investment company under	First Name Randall Street Address 2 State/Province/Country KANSAS rector Promoter Health Care Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care Manufacturing	W. ZIP/PostalCode 66211 Retailing Restaurants Technology Computers Telecommunications Other Technology Travel
Clarification of Response (if Necessary): Last Name Rapp Street Address 1 11440 Tomahawk Creek Parkway City Leawood Relationship: X Executive Officer Dir Clarification of Response (if Necessary): 4. Industry Group Agriculture Banking & Financial Services Commercial Banking Insurance Investing Investing Investment Banking Pooled Investment Fund Is the issuer registered as an investment company under the Investment Company	First Name Randall Street Address 2 State/Province/Country KANSAS rector Promoter Health Care Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care Manufacturing Real Estate	W. ZIP/PostalCode 66211 Retailing Restaurants Technology Computers Telecommunications Other Technology
Clarification of Response (if Necessary): Last Name Rapp Street Address 1 11440 Tomahawk Creek Parkway City Leawood Relationship: X Executive Officer Dir Clarification of Response (if Necessary): 4. Industry Group Agriculture Banking & Financial Services Commercial Banking Insurance Investing Investing Investment Banking Pooled Investment Fund Is the issuer registered as an investment company under the Investment Company Act of 1940?	First Name Randall Street Address 2 State/Province/Country KANSAS rector Promoter Health Care Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care Manufacturing Real Estate Commercial	W. ZIP/PostalCode 66211 Retailing Restaurants Technology Computers Telecommunications Other Technology Travel
Clarification of Response (if Necessary): Last Name Rapp Street Address 1 11440 Tomahawk Creek Parkway City Leawood Relationship: X Executive Officer Dir Clarification of Response (if Necessary): 4. Industry Group Agriculture Banking & Financial Services Commercial Banking Insurance Investing Investing Investment Banking Pooled Investment Fund Is the issuer registered as an investment company under the Investment Company Act of 1940? Yes No	First Name Randall Street Address 2 State/Province/Country KANSAS rector Promoter Health Care Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care Manufacturing Real Estate Commercial Construction	W. ZIP/PostalCode 66211 Retailing Restaurants Technology Computers Telecommunications Other Technology Travel Airlines & Airports
Clarification of Response (if Necessary): Last Name Rapp Street Address 1 11440 Tomahawk Creek Parkway City Leawood Relationship: X Executive Officer Dir Clarification of Response (if Necessary): 4. Industry Group Agriculture Banking & Financial Services Commercial Banking Insurance Investing Investing Investment Banking Pooled Investment Fund Is the issuer registered as an investment company under the Investment Company Act of 1940?	First Name Randall Street Address 2 State/Province/Country KANSAS rector Promoter Health Care Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care Manufacturing Real Estate Commercial Construction	W. ZIP/PostalCode 66211 Retailing Restaurants Technology Computers Telecommunications Other Technology Travel Airlines & Airports Lodging & Conventions

Energy	Residential Other
Coal Mining	Other Real Estate
Electric Utilities	
Energy Conservation	
Environmental Services	
Oil & Gas	
Other Energy	
5. Issuer Size	
Revenue Range OR	Aggregate Net Asset Value Range
No Revenues	No Aggregate Net Asset Value
\$1 - \$1,000,000	\$1 - \$5,000,000
\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000	\$50,000,001 - \$100,000,000
X Over \$100,000,000	Over \$100,000,000
Decline to Disclose	Decline to Disclose
Not Applicable	Not Applicable
6. Federal Exemption(s) and Exclusion(s) Claim	ed (select all that apply)
	Investment Company Act Section 3(c)
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1) Section 3(c)(9)
Rule 504 (b)(1)(i)	Section 3(c)(2) Section 3(c)(10)
Rule 504 (b)(1)(ii)	Section 3(c)(3) Section 3(c)(11)
Rule 504 (b)(1)(iii)	Section 3(c)(4) Section 3(c)(12)
X Rule 506(b)	
Rule 506(c)	Section 3(c)(5) Section 3(c)(13)
Securities Act Section 4(a)(5)	Section 3(c)(6) Section 3(c)(14)
	Section 3(c)(7)
7. Type of Filing	
	First Sale Yet to Occur
Amendment	This cale let to occur
9. Duration of Offering	
8. Duration of Offering	
Does the Issuer intend this offering to last more that	an one year? Yes X No
9. Type(s) of Securities Offered (select all that a	oply)
X Equity	Pooled Investment Fund Interests
Debt	Tenant-in-Common Securities
Option, Warrant or Other Right to Acquire Anoth	
Security to be Acquired Upon Exercise of Optio	n Warrant or Other
Right to Acquire Security	Other (describe)
10. Business Combination Transaction	
Is this offering being made in connection with a businerger, acquisition or exchange offer?	siness combination transaction, such as a Yes X No
Clarification of Response (if Necessary):	
11. Minimum Investment	
Minimum investment accepted from any outside in	vestor \$25,000 USD

12. Sales Compensation

Recipient		Recipient CRD Number X None	
(Associated) Broker or Deale	r X None	(Associated) Broker or Dealer CRD Number $\overline{\mathbf{X}}$ None	
Street Address 1		Street Address 2	
City		State/Province/Country	ZIP/Postal Code
State(s) of Solicitation (select Check "All States" or check in		Foreign/non-US	
13. Offering and Sales Amou	unts		
Total Offering Amount \$	7,750,000 USD or Indefinite		
Total Amount Sold \$	7,750,000 USD		
Total Remaining to be Sold	\$0 USD or Indefinite		
Clarification of Response (if N	ecessary):		
14. Investors			
		d to persons who do not qualify as accredited investors, and	
		eady have invested in the offering. or may be sold to persons who do not qualify as accredited	
	number of investors who already h		33
15. Sales Commissions & Fi	nder's Fees Expenses		
Provide separately the amoun an estimate and check the box		ers fees expenses, if any. If the amount of an expenditure is no	ot known, provide
Sales Commis	sions \$0 USD Estimate		
Finders'	Fees \$0 USD Estimate		
Clarification of Response (if N	ecessary):		
16. Use of Proceeds			
Provide the amount of the gro		as been or is proposed to be used for payments to any of the passe to Item 3 above. If the amount is unknown, provide an est	
	\$0 USD Estimate		
Clarification of Response (if N	ecessary):		
Signature and Submission			
Please verify the information to file this notice.	n you have entered and review t	the Terms of Submission below before signing and clicking	ng SUBMIT below
Terms of Submission			
In submitting this notice, each	issuer named above is:		
		is filed of the offering of securities described and undertaking law, the information furnished to offerees.*	to furnish them,
in which the issuer ma process, and agreeing such service may be n against the issuer in a activity in connection v provisions of: (i) the S	intains its principal place of busine that these persons may accept so nade by registered or certified mainly place subject to the jurisdiction with the offering of securities that is securities Act of 1933, the Securities	and, the Securities Administrator or other legally designated of ess and any State in which this notice is filed, as its agents for ervice on its behalf, of any notice, process or pleading, and full, in any Federal or state action, administrative proceeding, or of the United States, if the action, proceeding or arbitration (as the subject of this notice, and (b) is founded, directly or indirectly or state action, proceeding or arbitration (as the subject of this notice, and (b) is founded, directly or indirectly or indirectly or any rule or regulation under any of these statutes of	r service of rther agreeing that r arbitration brought a) arises out of any rectly, upon the a Investment

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

• Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) or Rule 506(d).

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

State in which the issuer maintains its principal place of business or any State in which this notice is filed.

Issuer Signature Name of Signer Title				-
in the second se	Date	Title	i Signature i	

Issuer	Signature	Name of Signer	Title	Date
CROSSFIRST BANKSHARES, INC.	/s/Amy Abrams	Amy C. Abrams	General Counsel and Corporate Secretary	2023-04-07

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.

^{*} This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.