FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

1. Name and Address of Reporting Person* Robinson Thomas D. (Last) (First) (Middle) 11440 TOMAHAWK CREEK PKWY						2. Issuer Name and Ticker or Trading Symbol CROSSFIRST BANKSHARES, INC. [CFB] 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2020								Relationship of Reporting Person(s) to Issuer Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Chief Risk Officer				wner	
(Street) LEAWO (City)			66211 (Zip)		- 4. I -									ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tal	ole I - Nor	n-Deri	vativ	e Se	curi	ties Acc	quired,	Dis	posed of	f, or Ber	neficiall	y Owned					
1. Title of Security (Instr. 3) 2. Trans Date (Month.				action 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.) 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)				5. Amour Securities Beneficia Owned F	es ally following	Form (D) or	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
							Code	v	Amount	(A) or (D)	Price	Transact (Instr. 3 a	action(s)			(Instr. 4)			
Common Stock 12/31				1/202	/2020		М		5,454	4 A		62,346			D				
Common Stock 12/31/				1/202	/2020		F		1,601	1 D \$1		5 60,745			D				
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution D	Date,		ransaction ode (Instr.		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		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	e s Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		"		
Restricted Stock Units	\$0.0 ⁽¹⁾	12/31/2020			M			5,454 ⁽²⁾	12/31/2	020	12/31/2020	Common Stock	5,454	\$0	0(3)		D		

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of common stock.
- 2. Reflects the vesting of a prior restricted stock unit grant, which was previously reported on a Form 3.
- 3. The reporting person is the holder of other Restricted Stock Units as follows: 988 restricted stock units that are scheduled to vest on February 27, 2021, 1,118 restricted stock units that are scheduled to vest on February 28, 2021, 989 restricted stock units that are scheduled to vest on February 28, 2022, and 988 restricted stock units that are scheduled to vest on February 27, 2023, Mr. Robinson also has Stock Settled Appreciation Rights as previously reported.

Remarks:

/s/ Aisha Reynolds, Attorney-

in-Fact for Thomas D.

01/04/2021

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.