FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
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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

Name and Address of Reporting Person*     Topper Maura					2. Issuer Name <b>and</b> Ticker or Trading Symbol  CrossAmerica Partners LP [ CAPL ]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u> 10ppci</u>	Ividara															X	Directo			10% Ov		
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 12/31/2023							7	X	below)			Other (s	specify				
645 HAMILTON ST., SUITE 400					12	12/31/2023									Chief Financial Officer							
					_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
(Street)															Line	′	F 6	lad by Oad	. D	outina Dana	_	
ALLEN	TOWN PA 18101															X Form filed by One Reporting Person  Form filed by More than One Reporting						
(0); )		0	( <del>7</del> : )		-	Person																
(City) (State) (Zip)					Rı	Rule 10b5-1(c) Transaction Indication																
						Chool	, thin h	ov to ind	liaata tha	o tran		tion was n	nada	nurauani	to a con	troot	inatruatio	n or writton	nlon t	hat ia intanda	.d to	
						satisfy	the a	ffirmative	defense	condit	tions	s of Rule 1	10b5-	1(c). See	Instructi	on 10		on or written	i pian t	hat is intende	ed 10	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)  2. Transar Date (Month/Date					Execution			Code (Inst		n   I					, 4 and Secur Benef Owne		ties F cially ( d Following (		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership		
									Cod	e V	1	Amount	(A) or (D)		Price	- 1	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Units 12/31/					1/2023	2023			М	М		1,520	0 A		(1)		11,662		D			
Common Units 12/31/				1/2023	/2023			F			438(2)		D \$22.8		3(3) 11,224		,224	D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
				(e.g., p	outs,	calls	, wa	rrants	s, opti	ons,	СО	nverti	ble	secur	ities)							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deem Execution if any (Month/Da	Date,	4. Transa Code ( 8)		n of		6. Date Exercisa Expiration Date (Month/Day/Yea				7. Title and Amount of Securities Underlying Derivative S (Instr. 3 and			Der Sec	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (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 Exercis	able	Ex <sub>I</sub>	piration te	Title	1 C	Amount or Number of Shares							
Phantom Units	(4)	12/31/2023			M			1,520	(5)			(5)		nmon	1,520		\$ <del>0</del>	11,469	9	D		

## **Explanation of Responses:**

- 1. Common units acquired upon vesting of phantom units.
- 2. Common units withheld in payment of the reporting person's tax withholding triggered by vesting.
- 3. The price at the close of business on the day preceding the vest event.
- 4. Each phantom unit represents a contingent right to receive one of the Issuer's common units.
- 5 December 31 2023

## Remarks:

/s/ Christina Casey-Best as Attorney in Fact for Maura

01/03/2024

**Topper** 

\*\* 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.