FORM 4

UNI

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ITED STATES SECURITIES AND EXCHANGE COMMISS	ON
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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).

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

Instruc	tion 10.																	
Name and Address of Reporting Person* Nifong Charles M Jr.				2. Issuer Name and Ticker or Trading Symbol CrossAmerica Partners LP [CAPL]							(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Titlong Charles W 31.												1	Directo	r		10% Ow	ner	
(Last)	(First)	(Middle)		Date of Earliest Transaction (Month/Day/Year)								Officer (give title below)			Other (s below)	pecify	
645 HAMILTON ST., SUITE 400													President	t and	CEO			
(Street)				I	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
ALLEN	TOWN I	PA.	18101		Line) Form filed by One Reporting Person													
(City)	(State)	(Zip)		Form filed by More than One Reporting Person									ing				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date				2. Transac Date (Month/Da	Execution Date,		Code (Instr. 5)				5. Amour Securities Beneficia Owned F	es For ally (D) following (I) (I		: Direct I r Indirect I str. 4) (7. Nature of Indirect Beneficial Ownership			
								Code V	Amoun	t	(A) or (D)	Price	Reported Transacti (Instr. 3 a	ction(s)			Instr. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
			,,,	e.g., pu	is, ca	iis, waiia		options,	CONVEN	יוטוי	e secui	illes						
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security			3A. Deemed Execution Date, if any (Month/Day/Year	Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Cod	e V	(A)	(D)	Date Exercisable	Expiration Date		Title	Amount or Number of Shares		(Instr. 4)	(0)			
Phantom Units ⁽¹⁾	(1)	12/10/2024		A		12,171 ⁽¹⁾		(2)	(2)		Common Units	12,171	\$0	51,50	2	D		

Explanation of Responses:

- 1. Each phantom unit is the economic equivalent of one common unit ("Common Unit") representing a limited partner interest in CrossAmerica Partners L.P. and is accompanied by tandem distribution equivalent rights that entitle the holder to cash payments equal to the amount of distributions authorized to be paid to the holders of Common Units.
- 2. 50% of the grant will vest ratably over three years, each as of December 31, until December 31, 2027. 50% of the grant will vest upon death or disability, or retirement if such retirement is not adverse to the interests of the Issuer, as determined by the Board in its sole discretion. This 50% portion will expire, if unvested 20 years from the grant date.

Remarks:

/s/ Christina Casey-Best as Attorney in Fact for Charles M. 12/11/2024 Nifong, Jr.

** Signature of Reporting Person

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.