FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | | | | | | |
|--|-----------|----|----------------|--------|----------|------------------|
| | STATEMENT | OF | CHANGES | IN BEN | NEFICIAL | OWNERSHIP |

| OMB APPROVAL | | | | | | | | | | |
|----------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average bi | urden | | | | | | | | | |
| 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).

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* <u>Brecker Robert</u> | | | | 2. Issuer Name and Ticker or Trading Symbol CrossAmerica Partners LP [CAPL] | | | | | | | | eck all applic Directo | able) r | Person(s) to Issi 10% Ov | | vner | | |
|--|---|--|---|---|--|--|--|------|---|--------|--------------------|--|---|--|--|---|--|--|
| (Last) (First) (Middle) 107 SACRAMENTO DRIVE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/23/2023 | | | | | | |] ; | below) | (give title | b | Other (specify below) Operations | | | |
| SUITE 400 | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) QUAKERTOWN PA 18951 | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | |
| | | | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | to satisfy | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Da | | Date, | Code (Ins | | | | | 5. Amour Securitie Beneficia Owned For | s illy ollowing | 6. Owners Form: Dire (D) or Indi (I) (Instr. 4) | ct II ect E | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | (A) or (D) Price | | Transaction(s) (Instr. 3 and 4) | | | nsu. 4) | |
| 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) | 3A. Deemed Execution D if any (Month/Day | ate, T | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | е | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio | Owr Forr Dire or Ir (I) (I | ership n: ct (D) direct nstr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | C | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | 11(3) | | |
| Phantom Units ⁽¹⁾ | (1) | 10/23/2023 | | | A | | 3,838 ⁽¹⁾ | | (2) | | (2) | Common Units | 3,838 | \$0 | 11,771 | | D | |

Explanation of Responses:

2. 50% of the grant will vest ratably over three years, each as of December 31, until December 31, 2026. 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:

<u>Christina Casey-Best as</u> <u>Attorney-in-Fact for Robert</u>

10/23/2023

<u>Brecker</u>

** 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.

^{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.