FORM 4

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

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

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*  DONAHUE TIMOTHY J                          |   |  |                  |   |   | 2. Issuer Name and Ticker or Trading Symbol CROWN HOLDINGS, INC. [ CCK ]  |  |  |  |                       |                    |   |  | Relationship of Reporting Person(s) to Issuer (Check all applicable)      Director 10% Owner |  |  |                                      |  |  |  |
|--|---|--|------------------|---|---|---|--|--|--|-----------------------|--------------------|---|--|--|--|--|--------------------------------------|--|--|--|
| (Last) (First) (Middle) HIDDEN RIVER CORPORATE CENTER TWO                            |   |  |                  | . TWO   | 3. Date of Earliest Transaction (Month/Day/Year) 07/23/2024 |   |  |  |  |                       |                    |   |  | 7  | Officer (give title below)  Other (specify below)  President & CEO |  |                                      |  |  |  |
| 14025 RIVEREDGE DRIVE, SUITE 300   |   |  |                  |   |   | 4. If Amendment, Date of Original Filed (Month/Day/Year)  |  |  |  |                       |                    |   |  | 6. Individual or Joint/Group Filing (Check Applicable Line)                                  |  |  |                                      |  |  |  |
| (Street) TAMPA   | •   |  |                  |   |   |   |  |  |  |                       |                    |   |  | 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 |  |  |  |                       |                    |   |  |  |  |  |                                      |  |  |  |
|  |   | Table                                      | I - No           | n-Deriva  |   |   |  |  |  |                       | ons of Rule 10     |   |  |  |  |  |                                      |  |  |  |
| Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transact Date (Month/Date) |   |  |                  |   | tion  | on 2A. Deemed Execution Date,   |  |  | 3. 4. Securities Acquired (ADisposed Of (D) (Instr. 3 5) |                       |                    | ired (A) o  | ) or 5. Amount of Securities Beneficially Owned Follow |  | unt of<br>ties<br>cially<br>Following                              | Forn<br>(D) c  | m: Direct<br>or Indirect<br>nstr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                      |  |  |
|  |   |  |                  |   |   |   |  |  | Code   | v                     | Amount             | (A) c<br>(D)  | Price  | ÷  | Report<br>Transa<br>(Instr. 3                                      | ed<br>ction(s)<br>3 and 4)   |                                      |  | (Instr. 4)   |  |
| Common 07/23/20  |   |  |                  |   | 024(1)  | 24(1)   |  |  | S  |                       | 15,000             | D   | \$85   | 5.03   | 593,678  |  |                                      | D  |  |  |
| Common   |   |  |                  |   |   |   |  |  |  |                       |                    |   |  |  | 766 <sup>(2)</sup>   |  |                                      | I  | By<br>401(k)<br>Plan   |  |
|  |   | Tal  | ble II -         |   |   |   |  |  |  |                       | osed of, convertib |   |  |  | Owne   | d  |                                      |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                                  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | Execut<br>if any | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |   | 4.<br>Transaction<br>Code (Instr.<br>8)   |  | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |  | Exercion Da<br>/Day/Y |                    | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Inst<br>3 and 4) |  | Der<br>Sec<br>(Ins   | Price of<br>ivative<br>curity<br>str. 5)                           | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | e<br>s<br>lly                        | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |  |                  |   | Code  | Code V  |  | (D)  | Date<br>Exercisabl                                       |                       | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares                 |  |  |  |                                      |  |  |  |

## **Explanation of Responses:**

- 1. Adoption date of referenced 10b5-1(c) plan is: 09/08/2023
- 2. At June 30, 2024, the Reporting Person owned 766 shares of CCK Common Stock under the CCK 401(k) Plan.

/s/ Rosemary Haselroth, by Power of Attorney

\*\* Signature of Reporting Person Date

07/23/2024

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.