Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
	Estimated average bur	den		
	hours per response:	0.5		

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Address of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Issuer Funk Andrea J.			Table I - Non	Derivative Securities Acquired, Disposed of, or Bene	ficially	/ Owned				
Funk Andrea J. CROWN HOLDINGS INC [CCK] (Check all applicable) X Director 10% Owner (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Officer (give title Other (specify below) Other (specify below) 770 TOWNSHIP LINE ROAD 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable) (Street) YARDLEY PA 19067	(City)	(State)	(Zip)			Feison				
Funk Andrea J. CROWN HOLDINGS INC [CCK] (Last) (First) (Middle) 770 TOWNSHIP LINE ROAD 3. Date of Earliest Transaction (Month/Day/Year) 07/28/2021 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person		111	15007				an One Reporting			
Funk Andrea J. CROWN HOLDINGS INC [CCK] (Check all applicable) X Director 10% Owner (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Officer (give title below) Other (specify below) 770 TOWNSHIP LINE ROAD 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable)			19067		X	Form filed by One Reporting Person				
Funk Andrea J. CROWN HOLDINGS INC [CCK] (Check all applicable) X Director 10% Owner (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Officer (give title below) Other (specify below)	(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)		vidual or Joint/Group Fil	ing (Check Applicable			
Funk Andrea J. CROWN HOLDINGS INC [CCK] (Check all applicable) X Director 10% Owner 0 3. Date of Earliest Transaction (Month/Day/Year) Officer (give title below)	770 TOWNSI	HIP LINE ROA	ROAD							
Eunk Andrea I (Check all applicable)	(Last)	(First)	(Middle)		1	10				
	Funk Andrea J.			CROWN HOLDINGS INC [CCK]	1 `	, ,	10% Owner			
	1. Name and Address of Reporting Person*			o ,						

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)					Securities Beneficially	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130. 4)
Common	07/28/2021		A		364	A	\$99.676	9,262	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Deriv Secu Acqu (A) o Dispo of (D (Insti	5. Number 6. Date Exercisable and Expiration Date (Month/Day/Year) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				e and Int of rities rlying ative rity (Instr. 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

Rosemary M. Haselroth, by Power of Attorney

07/28/2021

** 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.