SEC Form 4	
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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

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

							•() •				inputity Act o									
1. Name and Address of Reporting Person [*] Snyder Angela M					2. Issuer Name and Ticker or Trading Symbol <u>CROWN HOLDINGS, INC.</u> [CCK]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
														1	Direc	tor		10% O\	vner	
(Last)		3. Date of Earliest Transaction (Month/Day/Year) 07/31/2024									Office below	cer (give title w)		Other (s below)	specify					
HIDDEN RIVER CORPORATE CENTER TWO															C. Individual en Jaint/Orgun Filing (Chaels Argligght)					
					4. 17	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
14025 RIVEREDGE DRIVE, SUITE 300															Form filed by One Reporting Person					
																filed by More than One Reporting				
(Street)														Person					Jiting	
TAMPA	FL	3	3637				-													
					Rule 10b5-1(c) Transaction Indication															
(City)	(Sta	ate) (Z	Zip)																	
(,)	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.											nded to								
		Table	I - No	n-Deriva	ative S	Secu	rities	Acq	uired,	Dis	posed of	, or B	enefic	ially	v Own	ed				
1. Title of s	Security (Inst	r. 3)		2. Transac	tion 2A. Deemed			3. 4. Securities Acquired (A				red (A) c	A) or 5. Amo		ount of 6.		wnership	7. Nature		
				Date (Month/Da	w/Voar)	/Year) if any			Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)			str. 3, 4						of Indirect Beneficial		
			(Month/Day/rear)		(Month/Day/Year)		8)					Beneficially Owned Following		(I) (Instr. 4)		Ownership				
										(A) o	r		 Reported Transaction(s) 				(Instr. 4)			
			Code	v ا	Amount	(D)	Price	9	(Instr. 3 and 4)											
Common 07/31/2					2024			A		466	A	\$85	5.95	5 3,934			D			
07/31/2					2024						-00	1	Ψ0.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		D		
		Tal	ole II -	Derivati	ive Se	curit	ies A	4cqu	ired, [Disp	osed of,	or Bei	neficia	ally (Ownee	b				
											onvertib									
1. Title of	2.	3. Transaction	3A. Dee	emed	4.		5. Number		6. Date Exercisable and			7. Title	and	8. Price				10.	11. Nature	
Derivative Security				ion Date,	Transaction Code (Instr.		of Derivative						Amount of Securities		ivative curity	derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3)	Price of	(Wonth/Day/rear)		/Day/Year)	8)	məu.	Secu	rities	(month)	Day	eary	Underl	ying	(Instr. 5)		Beneficially		Direct (D)	Ownership	
	Derivative Security					Acquired Derivative (A) or Security (Ins Disposed 3 and 4)								tr		Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)	
	Occurry															Reported Transaction(s) (Instr. 4)		(i) (iii3ti: 4)		
					of (D) (Instr. 3, 4															
						and 5)										(
												Amount		1						
													or							
						Code V (A) (D)		Date		Expiration		Number of								
					Code			Exercis	able	Date			1							

Explanation of Responses:

/s/ Rosemary Haselroth, by Power of Attorney

07/31/2024

** 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.