FORM 4

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

Washingt

| Washington, D.C. 20549                       | OMB APPROVAL             |           |  |  |
|--|--------------------------|-----------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number:              | 3235-0287 |  |  |
|  | Estimated average burden |           |  |  |

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

| Name and Address of Reporting Person*     Owens B Craig          |  |  |             |   |                              | 2. Issuer Name and Ticker or Trading Symbol CROWN HOLDINGS INC [ CCK ] |  |   |        |                             |                    |  |                            | Relationship of Reporting Person(s) to Issuer (Check all applicable)      |                              |   |  |  |  |  |
|--|--|--|-------------|---|------------------------------|--|--|---|--------|-----------------------------|--------------------|--|----------------------------|---|------------------------------|---|--|--|--|--|
| Owells B Claig   |  |  |             |   |                              |  |  |   |        |                             |                    |  |                            | X   | Direc                        | tor   |  | 10% Ov   | vner   |  |
| (Last) (First) (Middle) 770 TOWNSHIP LINE ROAD                   |  |  |             |   |                              | 3. Date of Earliest Transaction (Month/Day/Year) 10/28/2020            |  |   |        |                             |                    |  |                            |   | Office                       | er (give title<br>v)  |  | Other (s<br>below)   | specify  |  |
|  |  |  |             |   | 4. If A                      | 4. If Amendment, Date of Original Filed (Month/Day/Year)               |  |   |        |                             |                    |  |                            | 6. Individual or Joint/Group Filing (Check Applicable Line)               |                              |   |  |  |  |  |
| (Street) YARDLEY PA 19067  |  |  |             |   |                              |  |  |   |        |                             |                    |  | X                          | Form filed by One Reporting Person  Form filed by More than One Reporting |                              |   |  |  |  |  |
| (City)   | (Sta   | ate) (Z                                    | <br>        |   |                              |  |  |   |        |                             |                    |  |                            |   | Person                       |   |  |  |  |  |
|  | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |  |             |   |                              |  |  |   |        |                             |                    |  |                            |   |                              |   |  |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/ |  |  |             |   | on 2A. Deemed Execution Date |  |  | 3. 4. Securities<br>Transaction Disposed O<br>Code (Instr. 5)   |        |                             |                    |  |                            |   |                              | Form:   | Direct<br>Indirect<br>str. 4)            | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                |  |  |
|  |  |  |             |   |                              |  |  | Code  | v      | Amount                      | (A) or (D)         | Pric   | е                          | Transaction(s)<br>(Instr. 3 and 4)  |                              |   |  | (Instr. 4)   |  |  |
| Common 10.   |  |  | 10/28/2     | 2020  |                              |  |  | A   |        | 405                         | A                  | \$89   | 9.612                      | 1,970   |                              | ]   | D  |  |  |  |
|  |  | Tal  | ole 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) | Execuif any | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |                              | 4.<br>Transaction<br>Code (Instr.<br>8)                                |  | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5) |        | Exerc<br>tion Da<br>h/Day/\ |                    | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Ins<br>3 and 4) |                            | Der<br>Sec<br>(Ins  | ivative<br>curity<br>str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Own<br>Forn<br>Direc<br>or In<br>(I) (Ir | 0.<br>ownership<br>orm:<br>irect (D)<br>r Indirect<br>) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |  |  |             |   |                              |  |  |   | Date . |                             | Expiration         |  | Amoun<br>or<br>Numbe<br>of |   |                              |   |  |  |  |  |

**Explanation of Responses:** 

Rosemary M. Haselroth, by Power of Attorney

10/29/2020

\*\* 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.