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 | |
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| | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| | tion 1(b). | ide. See | | Filed | | | | | | | ties Exchang Impany Act o | | f 1934 | | | nours | per re | esponse: | 0.5 |
|--|--|----------|--------------|---|---|--|--|-----|---|---------------|------------------------------|-----------------|---|---|---|--|------------|----------|-----|
| 1. Name and Address of Reporting Person* MILLER JAMES H | | | | 2. Issuer Name and Ticker or Trading Symbol CROWN HOLDINGS INC [CCK] | | | | | | | | | tionship all app Direc | licable) | ng Pe | rson(s) to Is | | | |
| (Last) (First) (Middle) 770 TOWNSHIP LINE ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/03/2021 | | | | | | | | | Officer (give title below) | | Other (sp below) | | specify | |
| (Street) YARDLI (City) | | | 9067 Zip) | | 4. If <i>F</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Indivine) | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| l | | Table | I - N | on-Deriva | tive S | Secui | rities | Acc | quire | d, Dis | sposed of | , or E | Benefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | Execution Date, | | · | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) | | | | and 5) Securit | | ties cially Following | Forr (D) (| m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (III30. 4) | | |
| Common 11/03/2 | | | 11/03/20 |)21 | | A | | 348 | A | \$104. | 04.418 | | 26,047 | | 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) | erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | ransaction of Derivative | | Expiration Date (Month/Day/Year) S | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | vative urity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Number of Shares | | | | | | |

Explanation of Responses:

Rosemary M. Haselroth, by Power of Attorney

11/03/2021

** 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.