SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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* 2. Date of B GOH HOCK HUAT (Month/Day 08/01/202)			3. Issuer Name and Ticker or Trading Symbol <u>CROWN HOLDINGS INC</u> [CCK]					
(Last) (First) (Middle) ONE CROWN WAY	_		Relationship of Reporting Person heck all applicable) Director X Officer (give title below)	on(s) to Issue 10% Owne Other (spe below)	r (Moi cify 6. In	nth/Day/Year)	ate of Original Filed t/Group Filing (Check	
(Street) PHILADELPHIA PA 19154	_		President - Asia Pao	,		Form filed b	y One Reporting Person y More than One erson	
(City) (State) (Zip)								
	Table I - Non-De	rivativ	e Securities Beneficial	y Owned				
1. Title of Security (Instr. 4)			mount of Securities reficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common			27,500	D				
			Securities Beneficially s, options, convertible		s)			
1. Title of Derivative Security (Instr. 4)	2. Date Exercisab Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securi		4. Conversion or Exercise	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Explanation of Responses:	Date Exp Exercisable Dat	iration e	Title	Amount or Number of Shares	Price of Derivative Security			

Rosemary M. Haselroth, by

Power of Attorney

08/01/2018

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast If the form is filed by more than one reporting person, see Instruction 5 (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.