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

STATEMENT	OF	CHANGES	IN BEN	EFICIAL	OWNERS	HIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average	burden							
hours per response	: 0.5							

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* HAGGE STEPHEN J				2. Issuer Name and Ticker or Trading Symbol CROWN HOLDINGS INC [CCK]									ck all app	' '		rson(s) to Is 10% Ov			
(Last)	(Fir	st) (N	Middle)	-	3. Date of Earliest Transaction (Month/Day/Year) 11/01/2023									Office	er (give title v)		Other (s below)	specify	
HIDDEN RIVER CORPORATE CENTER TWO 14025 RIVEREDGE DRIVE, SUITE 300			4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person							
(Street) TAMPA	FL	3	3637			Form filed by More than One Reporting Person											orting		
(City)	(Sta	ate) (Z	Zip)		$ _{\Box}$	Rule 10b5-1(c) Transaction Indication 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	tive S	Secu	rities	Acq	uired,	, Dis	posed of	, or E	3ene	ficial	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execut y/Year) if any		Deemed cution Date, y nth/Day/Year)				s Acquired (A) o of (D) (Instr. 3, 4 a				ies cially Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) (D)	(A) or (D) Pric		Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common 11/01/			11/01/2	2023			A		499	A	. \$	\$80.18	6	,946		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)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			ansaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		D Se (II	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amo or Num of Shar	ber					

Explanation of Responses:

/s/ Rosemary Haselroth, by Power of Attorney

11/01/2023

** 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.