SEC Form 4

Instruction 1(b).

 \square

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 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-02							
Estimated average burden							
hours per response:	0.5						

Filed surgest to Section 40(a) of the Securities Fuchance Act of

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* <u>URKIEL WILLIAM S</u>					2. Issuer Name and Ticker or Trading Symbol <u>CROWN HOLDINGS INC</u> [CCK]							lationship of Re ck all applicable Director		g Person(s) to I 10% C		
(Last) 770 TOV	``	irst) (I INE ROAD	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/19/2021							Officer (give below)	e title	Other below)	(specify)	
(Street) YARDLEY PA 19067				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person 				
(City)	(Si		Zip)													
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
		Table		Derivativ	e Secul	rities Acc	luired	, Dis	posed of,	or Be	neficial	y Owned				
1. Title of S	Security (Ins		2. 1 Dat	Transaction	2A. Do Execu ar) if any	eemed Ition Date,	3. Transa Code (8)	ction	4. Securities Disposed Of 5)	Acquired	d (A) or	5. Amount of Securities Beneficially Owned Follow		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
1. Title of S	Security (Ins		2. 1 Dat	Transaction ate	2A. Do Execu ar) if any	eemed Ition Date,	3. Transa Code (ction	4. Securities Disposed Of	Acquired	d (A) or	5. Amount of Securities Beneficially	wing	Form: Direct (D) or Indirect	of Indirect Beneficial	
1. Title of s			2. 1 Dat (Mo	Transaction ate	ar) (Mont	eemed Ition Date,	3. Transa Code (8)	ction Instr.	4. Securities Disposed Of 5)	Acquired (D) (Instr (A) or	d (A) or . 3, 4 and	5. Amount of Securities Beneficially Owned Follov Reported Transaction(s (Instr. 3 and 4	wing s) l)	Form: Direct (D) or Indirect	of Indirect Beneficial Ownership	
		str. 3)	2. 1 Dat (Mo 0 ble II - De	Transaction ate lonth/Day/Yea	ar) 2A. Du Execu if any (Mont	eemed _{ution Date,} h/Day/Year) ties Acqu	3. Transa Code (8) Code A ired ,	ction Instr. V Disp	4. Securities Disposed Of 5) Amount <u>368</u> osed of, c	Acquired (D) (Instr (A) or (D) A or Bend	A (A) or . 3, 4 and Price \$98.642 eficially	5. Amount of Securities Beneficially Owned Follow Reported Transaction(s (Instr. 3 and 4	wing s) l)	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership	

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		6. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					

Explanation of Responses:

Rosemary M. Haselroth, Power of Attorney

02/22/2021

** 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.