FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

| | Check this box if no longer subjec |
|--------|------------------------------------|
| \neg | to Section 16. Form 4 or Form 5 |
| _ | obligations may continue. See |
| | Instruction 1(h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | | | | | | | , . | | | | прапу леге | | | | | | | | | |
|---|--|-------|--------|-----------------------------|----------------------------|---|--|----------------------------------|--------|---|----------------------|---|-----|--|--|-------------------------------|--|--|---|--|
| 1. Name ar Funk A | 2. Issuer Name and Ticker or Trading Symbol CROWN HOLDINGS INC [CCK] | | | | | | | | (Ch | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | | | | | |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/02/2023 | | | | | | | | - | | er (give title | | Other (s | | |
| HIDDEN RIVER CORPORATE CENTER TWO 14025 RIVEREDGE DRIVE, SUITE 300 | | | | | | 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 | | | | | |
| (Street) TAMPA | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (City) (State) (Zip) | | | | | 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. | | | | | | | | | | | | | | |
| | | Table | l - No | n-Deriva | tive S | ecur | ities | Acq | uired, | Dis | posed of | f, or | Ben | eficia | lly Owr | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | Execution (Year) if any | | ution Date, | | | | | ies Acquired (A Of (D) (Instr. 3, | | | Benefi Owned Follow | ties cially I ing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or | Price | | rted action(s) 3 and 4) | | | | |
| Common | 2023 | | | A | | 428 | I | 4 | \$93.5 | .56 12,673 | | | 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) | ative Conversion Date Execution Date, if any | | | Transaction Code (Instr. 8) | | 5. Numl of Deriv Secu Acqu (A) o Dispo of (D) (Instr | rative rities ired r osed) | 6. Date E Expiration (Month/I | on Da | te Amo Secri Und Deri Secri | | 7. Title and Amount of Securities Underlying Delivative Security (Instr. 3 and 4) | | s. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | Code | v | (A) | (D) | Date Expiration Exercisable Date | | Title | or Nur of | ount mber ires | | | | | | | | | |

Explanation of Responses:

/s/ Rosemary Haselroth, by Power of Attorney

08/03/2023

** 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.