FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washing

Washington, D.C. 20549	OMB APPROVA			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235		

Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

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

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

Date Execution Date, (Month/Day/Year) if any Code (Instr. 3, 4 and (Month/Day/Year) if any Code (Instr. 5) Beneficially (D) or Indirect Bene	1. Name and Address of FEARON RICE		2. Issuer Name and Ticker or Trading Symbol CROWN HOLDINGS INC [CCK]								5. Relationship (Check all app X Direct		licable)		to Iss % Ow				
(Street) YARDLEY PA 19067 (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) if any 2. Transaction Date (Month/Day/Year) if any 2. Transaction Code (Instr. 5) 3. Transaction Disposed Of (D) (Instr. 3, 4 and 5) 3. Deemed Execution Date, if any 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 5. Amount of Securities Form: Direct of Inc. Beneficially Owned 7. Na Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)	l ` ′	• ,	•		` ' '												pecify		
1. Title of Security (Instr. 3) 2. Transaction Date Execution Date, (Month/Day/Year) if any 2. Transaction Date (Month/Day/Year) if any 2. Transaction Date, (Month/Day/Year) if any 3.	YARDLEY PA			4.								ine)	Form Form	filed by One Reporting Person filed by More than One Reporting					
Date Execution Date, (Month/Day/Year) if any Code (Instr. 3, 4 and (Month/Day/Year) if any Code (Instr. 5) Beneficially (D) or Indirect Bene	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
	Date		ite	Execution Date,		Transaction Disposed Of					Securities Beneficially Owned Following		Form: Direct	t o	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
Code V Amount (A) or (D) Price (Instantation(s) (Instr. 3 and 4)								Code	v	Amount	(A) oi (D)	Price		Transa	ction(s)		"	(1130.4)	
Common 16 I Fam	Common													16		I	F	By Fearon Family Trust	
Common 02/19/2021 A 368 A \$98.642 3,515 D	Common 02/19/2		02/19/2021	021			A		368	A	\$98	642 3,515		D					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Conversion Security or Exercise (Month/Day/Year) Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Execution Date, if any (Month/Day/Year) Expiration Date (Month/Day/Year) Expiration Date (Month/Day/Year) Expiration Date (Month/Day/Year) Expiration Date (Month/Day/Year) Securities Securities Securities Securities Securities Security Securities Security Securities Security Securities Security Securities Security Securities Security Security	Derivative Security (Instr. 3) Conversion or Exercise Price of Derivative	erivative Conversion curity or Exercise (Month/Day/Year) Date (Month/Day/Year) Execution Date, if any (Month/Day/Year)		Date, Tra	Transaction Code (Instr. 8)		f erivative ecurities cquired A) or isposed f (D) nstr. 3, 4	Expiration Day/\(\)		ate	Amount of Securities Underlying Derivative Security (Inst		Der Sec (Ins	vative durity Str. 5) E	derivative Securities Beneficially Owned Following Reported Transaction	Owners Form: Direct or India (I) (Inst	D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
Code V (A) (D) Date Expiration Date Title Shares Explanation of Responses:				Co	ode V	/ (A	A) (D)		sable		Title	or Number of							

xplanation of Responses:

Rosemary M. Haselroth, by Power of Attorney

02/22/2021

Date

** 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.