FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	.C. 20549
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Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1/h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(0). 36	ee instruction i	0.																		
Name and Address of Reporting Person* DONAHUE TIMOTHY J						2. Issuer Name and Ticker or Trading Symbol CROWN HOLDINGS, INC. [CCK]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
											-	-		1	Direc	tor		10% O	wner	
(Last) (First) (Middle)						Date of Earliest Transaction (Month/Day/Year)									Office below	er (give title v)		Other (s	specify	
HIDDEN RIVER CORPORATE CENTER TWO						11/06/2024								President & CEO						
14025 RIVEREDGE DRIVE, SUITE 300																				
						If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable					
(Street)															Line)					
TAMPA	FL	3	3637											1	, ,					
															Form filed by More than One Reporting Person				orting	
(City)	(Sta	ate) (Z	Zip)																	
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or B	Benefi	cially	Own	ed				
1. Title of S	Security (Inst	tr. 3)		2. Transac	tion		Deeme		3.		4. Securitie	s Acqu	ired (A)	or	5. Amo				7. Nature	
Date (Month/Day					//Year) Execution Date, if any (Month/Day/Year)			Transaction Code (Instr. 3, 5) Disposed Of (D) (Instr. 3, 5)			nstr. 3, 4	Benefic		ially (D)	(D) o	rm: Direct or Indirect (Instr. 4)	of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	or Pric	e:e	Report Transa (Instr. 3				(Instr. 4)	
Common 11/06/20)24 ⁽¹⁾			S		7,500	D	\$9	6.73	73 563,678			D			
												1	\neg						By	
Common														769				401(k)		
																			Plan	
		Tal	ble II -	Derivati	ve Se	curi	ties /	Acau	ired. [Disp	osed of, o	or Be	nefici	ally (Owne			<u> </u>		
											onvertib									
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		of Deriv	r osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	V (A) (D)		Date Exercisable		Expiration Date	Amou or Numb of Title Share		r						

Explanation of Responses:

1. Adoption date of referenced 10b5-1(c) plan is: 09/08/2023

/s/ Rosemary Haselroth, by Power of Attorney

11/06/2024

** 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.