FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response | : 0.5 | | | | | | | |

| | Check this box if no longer subject |
|--------|-------------------------------------|
| \Box | to Section 16. Form 4 or Form 5 |
| \cup | obligations may continue. See |
| | Instruction 1(b). |

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

| | | | | | | | • • • | | | | · · | | | | | | | | | |
|---|---|---------|---------|------------------------|--|-------------------|--|---|--|--|----------|--|--|---|---|--|---|--|---------------------------------------|--|
| 1. Name and Address of Reporting Person* WILLIAMS MARSHA C | | | | | 2. Issuer Name and Ticker or Trading Symbol CROWN HOLDINGS INC [CCK] | | | | | | | | | | | p of Reporti plicable) tor | ng Pe | rson(s) to I | | |
| (Last) | (Fi | rst) (M | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 08/02/2023 | | | | | | | | | | | er (give title | | Other (s | | |
| HIDDEN RIVER CORPORATE CENTER T 14025 RIVEREDGE DRIVE, SUITE 300 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | r) | Line) | , | | | | | | |
| (Street) | • | | | | | | | | | | | | | X | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (2 | Zip) | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In | | | | | | | | | | truction or wr | itten pl | an that is int | ended to | | |
| | | Table | I - No | n-Deriva | tive Se | ecur | ities | Acq | uired, | Dis | posed of | f, or l | Benef | icially | y Owr | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | Execution Date | | cution Date, y | | Transaction Disposed Code (Instr. 5) | | ties Acquired (A I Of (D) (Instr. 3 | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Code | v | Amount | (A) (D) | or Pri | се | Reported Transaction(s) (Instr. 3 and 4) | | | | | | | |
| Common | | | | 08/02/2 | 2023 | | | A | | 428 | I | 1 \$9 | 93.56 | | ,727 D | | D | | | |
| | | Tab | | Derivativ (e.g., pu | | | | | | | | | | | Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | vative Conversion Date, urity or Exercise (Month/Day/Year) Execution Date, if any | | | tion Date, | 4. Transaction Code (Instr. 8) | | 5. Numl of Deriv Secu Acqu (A) or Dispo of (D) (Instr | rative rities iired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and | | 8. Price of Derivativ Security (Instr. 5) | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisa | ıble | Expiration Date | Title | Amour or Number of Shares | er | | | | | | | |

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.