1. Name and Address of Reporting Person
HAGGE STEPHEN J
770 TOWNSHIP LINE ROAD
YARDLEY PA 19067

2. Issuer Name and Ticker or Trading Symbol
CROWN HOLDINGS INC [ CCK ]

3. Date of Earliest Transaction (Month/Day/Year)
02/13/2020

4. If Amendment, Date of Original Filed

5. Relationship of Reporting Person(s) to Issuer
X Director 10% Owner
Officer (give title below) Other (specify below)

6. Individual or Joint/Group Filing (Check Applicable Line)
X Form filed by One Reporting Person
Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)
Common

2. Transaction Date (Month/Day/Year)
02/13/2020

3. Deemed Execution Date, if any (Month/Day/Year)

4. Transaction Code (Instr. 8)
A

5. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)
A

6. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)
459

7. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)
D

8. Nature of Indirect Beneficial Ownership (Instr. 4)
V

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)

2. Conversion or Exercise Price of Derivative Security

3. Transaction Date (Month/Day/Year)

4. Transaction Code (Instr. 8)

5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)

6. Date Exercisable and Expiration Date (Month/Day/Year)

7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)

8. 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)

Explanation of Responses:

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).
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.

Rosemary M. Haselroth, by
Power of Attorney
02/14/2020

** Signature of Reporting Person
Date