Beaver David A. Form 4 May 17, 2018

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287 Number:

if no longer subject to Section 16. Form 4 or

Check this box

January 31, Expires: 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Ad Beaver David	Idress of Reporting Poly A.	erson * 2. Issuer Symbol	Name and	Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer				
		CROWN	N HOLDI	NGS INC [CCK]	(Che	ck all applicable	e)		
(Last)	(First) (M	iddle) 3. Date of	Earliest Tra	ansaction					
		(Month/D	ay/Year)		Director		Owner		
ONE CROWN WAY		05/15/20	05/15/2018 4. If Amendment, Date Original Filed(Month/Day/Year)			e titleOthobelow) Corporate Contr	er (specify roller		
	4. If Amer	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person							
	Filed(Mon								
PHILADELF	PHIA, PA 19154				Form filed by l Person	More than One Re	eporting		
(City)	(State) (Z	Zip) Table	e I - Non-D	erivative Securities Acq	quired, Disposed o	f, or Beneficial	ly Owned		
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities Acquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution Date, if			Securities	Form: Direct	Indirect		
(Instr. 3)		any	Code	(D)	Beneficially	(D) or	Beneficial		
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5)	Owned	Indirect (I)	Ownership		

Common 99 Ι Plan

Code V Amount

10,000 Common 05/15/2018 \$0 11,917 D A (1)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Following

Reported

Transaction(s) (Instr. 3 and 4)

(A)

(D)

Price

(Instr. 4)

(Instr. 4)

By 401(k)

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amount	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								^	mount		
									mount		
						Date	Expiration Date	or Title Number of			
						Exercisable					
				C + V	(A) (D)						
				Code V	(A) (D)			S	hares		

Reporting Owners

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

Beaver David A. ONE CROWN WAY

VP and Corporate Controller

PHILADELPHIA, PA 19154

Signatures

Rosemary M. Haselroth, by Power of Attorney

05/17/2018

**Signature of Reporting Person

Date

Explanation of Responses:

- 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).

The Reporting Person was granted 10,000 shares of Restricted Common Stock under the 2013 Stock-Based Compensation Plan. 10,000 restricted shares vest over a five year period as follows: 2,000 restricted shares on November 28, 2019, 2,000 restricted shares on October 29, 2020, 2,000 restricted shares on September 14, 2021, 2,000 restricted shares on July 28, 2022 and 2,000 restricted shares on May 15, 2023.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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