Edgar Filing: CROWN HOLDINGS INC - Form 4

| CROWN HO | OLDINGS INC | | | | | | | | | | |
|---|---|--------------|---------------------|---|---------------|-----------------------------|----------------|---|---|---------------------|--|
| Form 4 | | | | | | | | | | | |
| February 10, | _ | | | | | | | | OMB AF | PROVAL | |
| FORM | UNITED | STATES | | RITIES A shington, | | | NGE C | OMMISSION | OMB Number: | 3235-0287 | |
| Check th if no long subject to | GES IN | | ICIA | Expires: January 31 200 Estimated average | | | | | | | |
| | Section 16. SECURITIES Form 4 or | | | | | | | | burden hours per response 0. | | |
| Form 5 obligatio may cont <i>See</i> Instru 1(b). | ns Section 17 | (a) of the l | Public U | | ling Cor | npan | y Act of | Act of 1934, 1935 or Section) | · | 0.0 | |
| (Print or Type I | Responses) | | | | | | | | | | |
| DONALD ARNOLD W Symbol | | | | r Name and N HOLD | | | 0 | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (| (Middle) | | f Earliest Tr | | L | , | (Check | all applicable |) | |
| ONE CROW | VN WAY | | (Month/E 02/10/2 | - | | | | Director Officer (give t below) | | Owner r (specify | |
| | | | | endment, Da nth/Day/Year | - | .1 | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| PHILADEL | PHIA, PA 1915 | 4 | | | | | | Form filed by Mo Person | | | |
| (City) | (State) | (Zip) | Tab | le I - Non-D | Oerivative | Secu | ities Acqu | iired, Disposed of, | or Beneficiall | y Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Date, if | 3. Transactio Code (Instr. 8) | (Instr. 3, | spose 4 and (A) or | d of (D) 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Ownership | |
| Common | 02/10/2006 | | | Code V A | Amount 841 | (D) A | Price \$ | 61,753 | D | | |
| Common | 02/10/2000 | | | A | 041 | A | 17.848 | 01,755 | D | | |

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

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 control number.

 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. Transad Code (Instr. 3 | ctio 8) | 5. tionNumber of) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, | | (Month/Day/Year) ve ss 1 | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|------------------------------------|------------|---|-------------|-----------------------------------|--------------------|---|--|---|--|
| | | | Code | v | 4, and (A) | d 5) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | | |
|--|---------------|------------|---------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| DONALD ARNOLD W | | | | | | | | | |
| ONE CROWN WAY | | | | | | | | | |
| PHILADELPHIA, PA 19154 | | | | | | | | | |
| Signatures | | | | | | | | | |
| Rosemary M. Haselroth, by Po Attorney | ower of | 02/10/2006 | | | | | | | |
| <u>**</u> Signature of Reporting Perso | 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).

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.