## Edgar Filing: CROWN HOLDINGS INC - Form 4

CROWN HO Form 4 January 19, 1	OLDINGS INC 2007										
FORM	<b>4</b> UNITED	STATES			AND EXC , D.C. 205		IGE CO	OMMISSION	OMB AF OMB Number:	PROVAL 3235-0287	
Check th if no lon, subject to Section 1 Form 4 of Form 5 obligation may con <i>See</i> Instr 1(b).	ger o 16. or Filed put tinue.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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								January 31,Expires:2005Estimated averageburden hours perresponse0.5	
(Print or Type)	Responses)										
1. Name and Address of Reporting Person <u>*</u> CONWAY JOHN W								5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (	Middle)		N HOLD			.K]	(Check	all applicable	)	
ONE CROWN WAY (Street)			(Month/Day/Year) 01/17/2007					Director       10% Owner         Officer (give title       Other (specify below)         below)       below)         Chairman, President and CEO			
			Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
PHILADEI	LPHIA, PA 19154	4					Ī	Form filed by Mo Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative S	ecurit	ies Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8) Code V	4. Securitie pror Disposed (Instr. 3, 4 a Amount	l of (È	))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common				Coue V	Amount	(D)	The	1,145 <u>(1)</u>	Ι	401(k)	
Common	01/17/2007			А	177,294 (2)	А	\$ 21.64	727,619	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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (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				
CONWAY JOHN W ONE CROWN WAY PHILADELPHIA, PA 19154			Chairman, President and CEO					
Signatures								
William T. Gallagher, by Powe Attorney	er of	01	/19/2007					
<u>**</u> 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).
- (1) Between January 1, 2006 and December 31, 2006, the Reporting Person's ownership interest in shares of Common Stock under Crown's 401K Plan decreased by 2 shares.

The Reporting Person was granted 177,294 shares of Restricted Common Stock under the 2006 Stock-Based Incentive Compensation Plan. 116,129 shares vest over a three year period as follows: 38,710 shares on January 16, 2008 and 2009 and 38,709 shares on January

(2) That: 110,129 shares vest over a three year period as follows: 36,710 shares on January 10, 2009 and 20

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.