## Edgar Filing: CROWN HOLDINGS INC - Form 4/A

CROWN HOLDINGS Form 4/A October 23, 2009	INC										
FORM 4								OMB AF	PROVAL		
UN	ITED STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287		
Check this box if no longer CTLATENCENTE OF CHANCES IN DENEELCIAL ONINEDSU							Expires:	January 31,			
subject to STATEMENT OF CHANGES IN BENEFI					ICIA	L OWN	ERSHIP OF	Estimated a	ted average		
Section 16. SECURITIES Form 4 or							burden hours per				
Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							Act of 1934	response	0.5		
obligations Secti	on 17(a) of the I					•		ı			
may continue. See Instruction			vestment	•	-	•					
1(b).				-	•						
(Print or Type Responses)											
URKIEL WILLIAM S Symbol			er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
(Last) (First)	(Middle)		f Earliest Tr			]	(Check	k all applicable	)		
(Lust) (Trist)	(initiality)	(Month/D		ansaction			Director	10%	Owner		
ONE CROWN WAY 10/23/20 (Street) 4. If Ame Filed(Mor			-				Officer (give t below)	title Other (specify below)			
			endment, Date Original				6. Individual or Joint/Group Filing(Check				
			nth/Day/Year	.)			Applicable Line)				
PHILADELPHIA, PA	009				_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State)	(Zip)	Tabl	a I Non F	Dorivotivo	Soon	ritios A car	iired, Disposed of	or Bonoficial	v Owned		
1 Title of 0 Townerst	D-4- 24 D					-	· •		•		
1.Title of Security2. Transacti (Month/Day (Instr. 3)	any	on Date, if Transaction(A) or Disposed of Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8) (A)		d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership				
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common 10/23/200	9 <u>(1)</u>		А	930	A	\$ 26.888	19,341	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	2.	3. Transaction Date	3A. Deemed	4.	5.		6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		mber	Expiration Date		Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of		(Month/Day/	Year)	Unde	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	) Der	vivativ	· ·	·	Secur		(Instr. 5)	Bene
(11541.5)	Derivative		(infolial Duy, four)	(111511.0	/	urities				. 3 and 4)	(Instr. 5)	Owne
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	Security					quired						Follo
					(A)							Repo
					Dis	posed						Trans
					of (	D)						(Instr
					(Ins	str. 3,						
					4. a	nd 5)						
					, ,							
				Code	V (A)	(D)	Date	Expiration	Title	Amount		
							Exercisable	Date		or		
										Number		
										of		
										Shares		
										Shares		

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## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
URKIEL WILLIAM S ONE CROWN WAY PHILADELPHIA, PA 19154								
Signatures								
William T. Gallagher, by Powe	er of	10	/23/2009	)				

Attorney

\*\*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).
- This Amendment on Form 4/A to the Form 4 originally filed on October 23, 2009 is made soley to correct, for the lines indicated, the (1) correct Transaction Date of October 23, 2009.

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.