FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* DAVIS CHERYL FELLS 2. Date of Event Requiring Statement (Month/Day/Year) 08/10/2006				nent	3. Issuer Name and Ticker or Trading Symbol SEALED AIR CORP/DE [SEE]							
(Last) (First) (Middle) SEALED AIR CORPORATION		ON			Relationship of Reporting Person (Check all applicable) Director Office of circumstitis		10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)			
200 RIVERFRONT BOULEVARD (Street) ELMWOOD PARK (City) (State) (Zip)		07407			Х	X Officer (give title below) Vice Presider	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 Beneficially Owned												
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						0	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4) 2. Date Exercisab Expiration Date (Month/Day/Year)			ate	and 3. Title and Amount of Secur Underlying Derivative Secur		ity (Instr. 4) Conve		cise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiratio Date	n Titl	le	Amount or Number of Shares	Price of Derivativ Security	/e	or Indirect (I) (Instr. 5)		

Explanation of Responses:

Cheryl Fells Davis

08/11/2006

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).