Instruction 1(b)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

| Name and Address of Reporting Person* CODEY LAWRENCE R | | | | | | 2. Issuer Name and Ticker or Trading Symbol SEALED AIR CORP/DE [SEE] | | | | | | | | | | elationship eck all appli X Directo | cable) or | g Pers | 10% Ov | vner |
|--|---|--|---|----------|---|--|--|-----|--|-----------------------------------|----------|---|---|-------------|---------|---|--|--------|--|--|
| (Last) (First) (Middle) C/O SEALED AIR CORPORATION | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/26/2006 | | | | | | | | | | | (give title | | Other (s below) | specify |
| PARK 80 EAST (Street) SADDLE BROOK NJ 07663 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 12/22/2005 | | | | | | | | | | | e) X Form f Form f | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | Exe f) if a | 2A. Deemed Execution Date if any (Month/Day/Yea | | •, | 3. Transact Code (Ins 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | Benefici Owned I | es Fori ially (D) (Following (I) (I | | m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | | Code V | | Amount | mount (A) or (D) | | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) |
| 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) | 3A. Deemed Execution Da if any (Month/Day/\) | ate, Tra | Transaction Code (Instr. | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | ecurity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Co | ode V | , | (A) | (D) | Date Exe | e rcisable | Ex Da | piration te | Title | O N O | lumber | | | | | |
| Stock Units | (2) | | | | | | | | | (3) | | (3) | Comm | | ,064(1) | | 5,064 | | D | |

Explanation of Responses:

- 1. Reporting of beneficial ownership of stock units inadvertently omitted from 12/22/05 filing. Ownership of those stock units had previously been reported 06/22/05.
- 2. 1-for-1
- 3. The units are to be settled in shares of Common Stock (with certain exceptions specified in the Corporation's Deferred Compensation Plan for Directors) following the reporting person's retirement from the Board of Directors.

01/27/2006 Lawrence R. Codey

** Signature of Reporting Person Date

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

- * 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.

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.