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

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1. Name and Address of Reporting Person* Chidichimo Pedro 2. Date Requiri (Month, 01/03/				nent	3. Issuer Name and Ticker or Trading Symbol SEALED AIR CORP/DE [SEE]							
	(First) AIR CORPOR				Relationship of Reporting Pers (Check all applicable) Director		10% Owne	r (Mo	5. If Amendment, Date of Original Filed (Month/Day/Year)			
200 RIVERFRONT BOULEVARD					X	below)	Other (spec below)	′ [6.1	6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) ELMWOOD PARK	NJ	07407			Vice Preside		nt		X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						nt of Securities ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						70,426	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
Expiratio (Month/D		Expiration Da	. Date Exercisable and expiration Date Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr.		4. Conversion or Exercise	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)			
Stock Apprecia	ntion Rights		01/03/2012	01/11/2020	0	Common Stock	723,090	6.82	D			
Stock Apprecia	ntion Rights		01/03/2012	02/23/2020	0	Common Stock	330,124	6.82	D			

Explanation of Responses:

Pedro Chidichimo

01/11/2012

** 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.

^{*} 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).