FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|------------------|

| l | OMB APPRO | IVAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
| l | Estimated average burd | en |
| l | hours per response: | 0.5 |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* BROWN HANK | | | | | | 2. Issuer Name and Ticker or Trading Symbol SEALED AIR CORP/DE [SEE] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (speci | | | | | vner |
|---|---|------------|--|-----------|--|---|--|----------------------------|---|--|--|----------------------|--|--|------------------------|---|--|---|------------|
| | (Last) (First) (Middle) C/O SEALED AIR CORPORATION 200 RIVERFRONT BOULEVARD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/10/2008 | | | | | | | | below) | (give title | | below) | вреспу |
| (Street) ELMWOOD PARK NJ 07407 | | | | _ 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (Si | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deri | vative | Se | curiti | ies Ac | quired, | Dis | posed o | of, or Be | neficia | lly O | wned | l | | | |
| Date | | | 2. Trans Date (Month) | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Code (Instr. 5 | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | 4 and Secu Bene Own | | s ally following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | ce Reported Transact (Instr. 3 | | tion(s) | | | insu. 4) |
| Common Stock 06/10/ | | | 0/2008 | 2008 | | М | | 1,879 A \$ | | \$0.1 | (1) | 19,492 | | | D | | | | |
| | | 7 | able II - | | | | | | | | | , or Ben ble secu | | y Ov | vned | | | | |
| Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) | | | ransaction of E ode (Instr. Derivative (I | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | s S Ily | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | xpiration vate | Title | Amount or Number of Shares | | | | | | |
| Award of Common Stock (Right to Buy) | \$0.1 | 06/10/2008 | | | M | | | 1,879 | 05/20/200 | 0 8 | 6/19/2008 | Common Stock | 1,879 | | (1) | 0 | | D | |
| Stock | (2) | | | | | | | | (3) | | (3) | Common | 1,324 | | | 1,324 | | D | |

Explanation of Responses:

- 1. Award made under the Sealed Air Corporation 2002 Stock Plan for Non-Employee Directors.
- 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.

06/10/2008 Hank Brown

** 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.