FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------|---------|--|--|--|--|--|--|--|
| OMB Number: | 3235-02 | | | | | | | |

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

| (| Check this box if no longer subject to |
|-----|--|
| 5 | Section 16. Form 4 or Form 5 |
| C | bligations may continue. See |
| - 1 | nstruction 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* WAMBOLD RICHARD L | | | | | | 2. Issuer Name and Ticker or Trading Symbol SEALED AIR CORP/DE [SEE] | | | | | | | | | | | tionship of Reportir all applicable) Director | | | rson(s) to Is: | |
|---|---|--|---|----------------------|---|--|--------|--|--|---------------------------------|------|-----------------|--------|---------------|---|---|---|-------------------------|--|--|---|
| | ALED AIR | CORPORATION | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/18/2017 | | | | | | | | | | | | Officer (give title below) | | | Other (below) | specify |
| 2415 CASCADE POINTE BOULEVARD | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | (Street) CHARLOTTE NC 28208 | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | State) | (Zip) | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non | ı-Deriva | tive | Sec | curiti | es A | cqu | iired, [| Disp | osed | of, oı | Ben | eficia | lly O | vne | l | | | |
| Date | | | | Date | Transaction ate Month/Day/Year) | | | 2A. Deemed Execution Date if any (Month/Day/Yea | | 3. Transac Code (li 8) | | | | | | id Se Be Ov | | es ally Following | Forn (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | | Code | v | Amount | t | (A) or (D) | Price | Tr | Reported Transaction(s) (Instr. 3 and 4) | | | | |
| Common Stock 05/3 | | | | | /201 | 7 | | | | A | | 4,77 | 75 A | | (1) | | 25,549 | | | D | |
| | | T | able II - D | Derivati e.g., pu | | | | | | | | | | | | y Owi | ned | | | | |
| | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemee Execution I if any (Month/Day | Date, Tr | Transaction Code (Instr. | | | | 6. Date Exercisal Expiration Date (Month/Day/Year) | | | of Securities | | ecurity | Deriva Secur | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly Di or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | C | ode | v | (A) | (D) | Dat Exe | te ercisable | | piration ite | Title | 0 N 0 | lumber | | | | | | |
| Stock Units | (2) | | | | | | | | | (3) | | (3) | Comr | | 6,261 | | | 16,261 ⁽ | 4) | D | |

Explanation of Responses:

- 1. Award made under the 2014 Omnibus Incentive Plan.
- 2. 1-for-1
- 3. The units are to be settled in shares of Sealed Air 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.
- 4. Reflects the addition of units converted from dividend equivalents.

Richard L. Wambold 05/22/2017

** 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.