FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL					
OMB Number:	3235- 0104				
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* Rowland Suzanne B	2. Date of Eve Requiring Sta (Month/Day/Y 05/21/2020	atement Year)	3. Issuer Name and Ticker SEALED AIR CO					
(Last) (First) (Middle) C/O SEALED AIR CORPORATION			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) A Pingaton A 200 Courses A 200 Courses		5. If Amendment, Date of Original Filed (Month/Day/Year)			
2415 CASCADE POINTE BOULEVARD			X Director Officer (give title below)	10% Owner Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
(Street) CHARLOTTE NC 28208						Form filed by More than One Reporting Person		
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
la la	bie i - Non-L	Derivativ	re Securities Benefit	Jiany O	wiieu			
1. Title of Security (Instr. 4)	bie i - Non-L	2	. Amount of Securities Beneficially Owned (Instr.	3. Own Form: I (D) or II (I) (Inst	ership Direct ndirect		ture of Indire ership (Instr.	
1. Title of Security (Instr. 4)	Table II - De	2 B 4 erivative	. Amount of Securities Beneficially Owned (Instr.	3. Owner Form: I (D) or II (I) (Insti	ership Direct ndirect r. 5)	Owne		
1. Title of Security (Instr. 4)	Table II - De	erivative 6, warran	. Amount of Securities Beneficially Owned (Instr.) Securities Beneficia	3. Owner Form: I (D) or II (I) (Institute Securities	ership Direct ndirect r. 5)	Sion		

Explanation of Responses:

No securities are beneficially owned.

/s/ Youhao Dong, attorneyin-fact for Ms. Rowland 05/26/2020

** 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 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).

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.