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							
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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

1. Name and Address of Reporting Person* Chrisman Kenneth P. 2. Date of Event Requiring Statement (Month/Day/Year) 08/27/2014				nent	3. Issuer Name and Ticker or Trading Symbol SEALED AIR CORP/DE [SEE]							
	(First) AIR CORPOR					Relationship of Reporting Personeck all applicable) Director		10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) ELMWOOD PARK	MWOOD NI 07407				X	Officer (give title below) Vice Preside	Other (specify below)		Appli	6. Individual or Joint/Group Filing (Check Applicable Line) 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)					ınt of Securities ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock					7,584		D					
Common Stock					7,670		I		Profit	Profit-Sharing Plan		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
Title of Derivative Security (Instr. 4) Expiration Date (Month/Day/Year)			ate	3. Title and Amount of Secur Underlying Derivative Secur		ity (Instr. 4) Conve		nversion Exercise	cise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	Title	3	Amou or Numb of Share	nt Der Sec er	ivative curity	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Kenneth P. Chrisman

09/04/2014

** 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).