FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|--|
| 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 |

OMB APPROVAL OMB Number: 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* CHU MICHAEL | | | | | | 2. Issuer Name and Ticker or Trading Symbol SEALED AIR CORP/DE [SEE] | | | | | | | | | | Relationship neck all app X Direc | licable) | ıg Pei | rson(s) to Iss 10% Ov | | |
|---|--|--|---|--------|-------------------------|--|---|-----|---|---------------|----------|---|--|----------------|---|---|----------------------------|--|--|---|--|
| | LED AIR | CORPORATION | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/17/2018 | | | | | | | | | | | Officer (give title below) | | Other (s below) | specify | |
| 2415 CASCADE POINTE BOULEVARD (Street) CHARLOTTE NC 28208 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) (| (Zip) | | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Da | | | e, Transaction Di Code (Instr. 5) | | | Dispose | Securities Acquired (A) posed Of (D) (Instr. 3, | | | Benefi | ies cially Following | Forn (D) c | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | - | Code | v | Amount | t (A) | or | Price | Transa | ction(s) 3 and 4) | | (Instr. 4) | | |
| Common | Stock | | | 05/17 | 7/2018 | 8 | | | | A | | 2,64 | 10 0 | 4 | (1) | 3 | 1,133 | D | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/ | ate, T | 4. Transa Code (1 | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | | Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exer | e rcisable | Ex Da | piration te | Title | or Nu of | mber ares | | | | | | |
| Stock | (2) | | | - 1 | | | | ıl | | (3) | | (3) | Commor | ا ا | ممم ا | | 0.000(4 | , I | Ъ | I | |

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 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.

Michael Chu

05/18/2018

** 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.