FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

VVd5/iii/gt6/ii, D.O. 200-75

	OMB APPROVAL							
HIP	OMB Number:	3235-02						

OMB Number: 3235-0287 Estimated average burden 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

							. ,				' '								
1. Name and Address of Reporting Person* CODEY LAWRENCE R					2. Issuer Name and Ticker or Trading Symbol SEALED AIR CORP/DE SEE								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
CODE	LAVIN	ENCE IX									_			7	Directo	or		10% O	wner
(Last) (First) (Middle) C/O SEALED AIR CORPORATION					3. Date of Earliest Transaction (Month/Day/Year) 05/20/2009										Officer (give title below)		Other (s below)	specify	
			N																
200 RIV	ERFRONT	BOULEVARD																	
(O1 1)					4. 11	f Ame	ndment,	Date o	f Original I	=iled	(Month/D	ay/Year)		6. In		Joint/Group	o Filinç	g (Check Ap	plicable
(Street)	ODD													2		filed by One	e Rep	orting Perso	n
ELMWC PARK	N.	J	07407												Form to Person		re thai	n One Repo	orting
(City)	(S	tate)	(Zip)																
		Tab	le I - Non	-Deriva	ative	Sec	curitie	s Acc	quired, I	Disp	osed o	of, or Be	enefi	ciall	y Owne	d			
Date				2. Transaction Date (Month/Day/Year)		ar) i	2A. Deemed Execution Date, if any (Month/Day/Yea		Transaction Dispos Code (Instr. 5)		Dispose	urities Acquired (A ed Of (D) (Instr. 3,			Securiti Benefici Owned I	5. Amount of Securities Beneficially Owner following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)		ice		eported ansaction(s) istr. 3 and 4)			(Instr. 4)
Common							64,150(1)			D									
		T	able II - I						ired, Di option						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	Date, Transactio Code (Inst			n of Ex		i. Date Exercisable and xpiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	Ownership	Beneficial Ownership (Instr. 4)	
				Code	Code	v	(A)		Date Exercisable		kpiration ate	Title	Amo or Num of Shar	ber					
Stock Units	(2)	05/20/2009			A		2,327		(3)	T	(3)	Common Stock	2,3	27	(4)	18,307	7	D	

Explanation of Responses:

- 1. Reflects changes in form of beneficial ownership. Includes 14,000 shares previously owned indirectly.
- 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. Award made under 2002 Stock Plan for Non-Employee Directors of Sealed Air Corporation. The Reporting Person has elected to defer receipt of the retainer payable in shares of common stock of Sealed Air Corporation ("Common Stock") under Sealed Air Corporation's Deferred Compensation Plan for Directors. The number of stock units is based on a Common Stock price of \$19.34 per share.

Lawrence R. Codey 05/20/2009

Date

** Signature of Reporting Person

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.