FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO              | JVAL      |  |  |  |  |  |
|------------------------|-----------|--|--|--|--|--|
| OMB Number:            | 3235-0287 |  |  |  |  |  |
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| 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).

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*  HICKEY WILLIAM V    |   |  |                                 |         |                      | 2. Issuer Name <b>and</b> Ticker or Trading Symbol SEALED AIR CORP/DE [ SEE ] |        |          |                     |                   |  |  |               |               | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner |   |   |   |   |  |  |  |
|---|---|--|---------------------------------|---------|----------------------|---|--------|----------|---------------------|-------------------|--|--|---------------|---------------|---|---|---|---|---|--|--|--|
| HICKET WILLIAM V  |   |  |                                 |         |                      |   |        |          |                     |                   |  |  |               |               |   |   | Director  |   | 10% Owner   |  |  |  |
| (Last) (First) (Middle)                                       |   |  |                                 |         |                      |   |        |          |                     |                   |  |  |               |               | X   | Office<br>belov                                       | er (give title<br>v)  | Other (specify below)   |   |  |  |  |
| C/O SEALED AIR CORPORATION                                    |   |  |                                 |         |                      | 3. Date of Earliest Transaction (Month/Day/Year) 02/17/2011                   |        |          |                     |                   |  |  |               |               | President and CEO   |   |   |   |   |  |  |  |
| 200 RIVERFRONT BOULEVARD                                      |   |  |                                 |         |                      |   |        |          |                     |                   |  |  |               |               |   |   |   |   |   |  |  |  |
|   |   |  |                                 |         |                      |   |        |          |                     |                   |  |  |               |               |   | 6. Individual or Joint/Group Filing (Check Applicable |   |   |   |  |  |  |
| (Street)  |   |  |                                 |         | 4. If                | Ame   | endmer | it, Date | of Origina          | al Filed          | d (Month/Da  | ay/Ye  | ear)          |               | 6. Indi<br>Line)  | vidual o  | r Joint/Group   | Filing  | (Check A  | pplicable  |  |  |
| ELMWOOD NJ 07407  |   |  |                                 |         |                      |   |        |          |                     |                   |  |  |               |               | Form filed by One Reporting Person  |   |   |   |   |  |  |  |
| PARK  |   |  |                                 |         |                      |   |        |          |                     |                   |  |  |               |               |   |   | Form filed by More than One Reporting<br>Person   |   |   |  |  |  |
| (City)  | (St   | ate) (                                     | Zip)                            |         |                      |   |        |          |                     |                   |  |  |               |               |   | F 613   | OII   |   |   |  |  |  |
|   |   | Tabl                                       | e I - No                        | n-Deriv | ative                | Se  | curiti | es Ac    | quired              | , Dis             | posed o  | f, o   | r Be          | nefic         | ially   | Owne  | ed  |   |   |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |   |  |                                 |         |                      | Execution Date,   |        |          | Code                | action<br>(Instr. | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4 |  |               |               | 4 and 5) Secur<br>Benef<br>Owne   |   | cially<br>I Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership  |  |  |
|   |   |  |                                 |         |                      |   |        |          | Code                | v                 | Amount   |  | (A) or<br>(D) | Pri           | се  |   | ted<br>action(s)<br>3 and 4)  |   |   | (Instr. 4)   |  |  |
| Common Stock 02/17/2  |   |  |                                 |         |                      | 2011  |        |          | A                   |                   | 318,40   | 18,404 A   |               |               | (1)   | 1,196,874   |   |   | D   |  |  |  |
| Common Stock 02/17/2  |   |  |                                 |         |                      | 2011  |        |          | F                   |                   | 143,53   | 143,535  |               | \$2           | 28.31   | 1,053,339   |   | D   |   |  |  |  |
| Common Stock  |   |  |                                 |         |                      |   |        |          |                     |                   |  |  |               |               |   | 3   | 2,063   |   | I   | By<br>Profit-<br>Sharing<br>Plan                     |  |  |
| Common Stock  |   |  |                                 |         |                      |   |        |          |                     |                   |  |  |               |               |   | 3   | 3,000   |   | I   | By Wife  |  |  |
|   |   | Та   |                                 |         |                      |   |        |          |                     |                   | osed of,<br>onvertib                                       |  |               |               |   | wned  |   |   |   |  |  |  |
| 1. Title of   | 2.  | 3. Transaction                             | 3A. Deem                        |         | 4.                   | ans   | _      |          |                     |                   | sable and  | _  |               |               | _   | rice of   | 9. Number o   | f 10  | , 1   | 11. Nature   |  |  |
| Derivative<br>Security<br>(Instr. 3)                          | Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Iransaction<br>Date<br>(Month/Day/Year) | Execution<br>if any<br>(Month/D | n Date, | Transact<br>Code (In |   |        |          | Expirati<br>(Month/ | on Dat            | te   | 7. Title an<br>Amount o<br>Securities<br>Underlyin<br>Derivative<br>Security (<br>and 4) |               | of<br>S<br>Ig | Deriv<br>Secu<br>(Inst  | rice of<br>rivative<br>curity<br>str. 5)              | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | Or<br>Fo<br>Di<br>or<br>(I)                                       | wnership<br>orm:<br>irect (D)<br>r Indirect<br>i (Instr. 4) | of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
|   |   |  |                                 |         | Code                 | v   | (A)    | (D)      | Date<br>Exercis     | able              | Expiration<br>Date   | Titl   | OI<br>N       | r<br>umbe     |   |   |   |   |   |  |  |  |

## **Explanation of Responses:**

1. Performance Share Unit (PSU) award for the 2009-2010 performance period (made under the 2005 Contingent Stock Plan).

William V. Hickey

02/21/2011

\*\* 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.