FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL						
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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

Name and Address of Reporting Person* Semach Dustin J.	2. Date of Event Requiring Statement (Month/Day/Year) 04/17/2023 3. Issuer Name and Ticker or Trading Symbol SEALED AIR CORP/DE [SEE]									
(Last) (First) (Middle) C/O SEALED AIR CORPORATION 2415 CASCADE POINTE BOULEVARD (Street) CHARLOTTE NC 28208 (City) (State) (Zip)	-		4. Relationship of Reporting Issuer (Check all applicable) Director X Officer (give title below) CFO Desig	10% C Other below))wner (specify	Filed	ndividual or Joeck Applicable Form filed I Person	int/Group Filing e Line) by One Reporting by More than One		
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)			Amount of Securities Beneficially Owned (Instr.)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
(e.g)				
(e.g 1. Title of Derivative Security (Instr. 4)		s, warran isable and te		ble sec		sion cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		

Explanation of Responses:

No securities are beneficially owned.

/s/ Caroline Thomas,

attorney-in-fact for Mr. 04/19/2023

Semach

** Signature of Reporting 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.