CROWN HOLDINGS INC Form SC 13G February 03, 2015

# SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

### SCHEDULE 13G

# INFORMATION TO BE INCLUDED IN STATEMENTS FILED PURSUANT TO RULES 13d-1(b), (c), AND (d) AND AMENDMENTS THERETO FILED PURSUANT TO RULE 13d-2

(AMENDMENT NO. )*				
Crown Holdings, Inc.				
(Name of Issuer)				
Common Stock				
(Title of Class of Securities)				
228368106				
(CUSIP Number)				
12/31/2014				
(Date of Event Which Requires Filing of this Stateme	nt)			

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

X	Rule 13d-1(b)
O	Rule 13d-1(c)
0	Rule 13d-1(d)

<sup>\*</sup>The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

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CUSIP NO. 228368106	13G	Page 2 of 4 Pages			
1.	NAME OF REPORTING PERSONS				
Massachusetts Financial Services Company ("MFS")					
2. CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (SEE INSTRUCTIONS)					
a) o (b) o					
Not Applicable					
3.	SEC USE ONLY				
4. C	CITIZENSHIP OR PLACE OF ORGANIZATI	ION			
Delaware					
NUMBER OF SHARES BENEFIC	IALLY OWNED BY EACH REPORTING P	ERSON WITH:			
5.	SOLE VOTING POWER				
10,819,427 shares of common stock					
6.	SHARED VOTING POWER				
None					
7.	SOLE DISPOSITIVE POWER				
11,821,939 shares of common stock					
8.	SHARED DISPOSITIVE POWER				
None					
9. AGGREGATE AMOU	UNT BENEFICIALLY OWNED BY EACH	REPORTING PERSON			
11,821,939 shares of common stock non-reporting entities.	x, consisting of shares beneficially owned by M	MFS and/or certain other			
10.CHECK IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES (SEE INSTRUCTIONS)					
Not Applicable					
11. PERCENT	T OF CLASS REPRESENTED BY AMOUN'	T IN ROW 9			

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8.5	
12.	TYPE OF REPORTING PERSON (SEE INSTRUCTIONS)
IA	

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ITEM 1:		(a)	NAME OF ISSUER:			
See Cove	er Page					
(b)	ADDRESS OF ISSUER'S PRINCIPAL EXECUTIVE OFFICES:					
One Crov Philadelp	wn Way bhia, PA 19154					
ITEM 2:		(a)	NAME OF PERSON FILING:			
See Item	1 on page 2					
	(b) ADD	RESS OF PRINCIPAL BU	JSINESS OFFICE OR, IF NONE, RESIDENCE:			
111 Huntington Avenue Boston, MA 02199						
(c)	CITIZENSHIP:					
See Item	4 on page 2					
(d)	TITLE OF CLASS OF SECURITIES:					
See Cove	er Page					
(e)	CUSIP NUMBER:					
See Cove	er Page					
ITEM 3: Rule 13d	-1(b)(1)(ii)(E)	The person filing is an in	vestment adviser in accordance with			
ITEM 4:		(	OWNERSHIP:			
(a)	AMOUNT BENEFIC	CIALLY OWNED:				
See Item	9 on page 2					
(b)	PERCENT OF CLASS:					
See Item	11 on page 2					
(c) NUMBER OF SHARES AS TO WHICH SUCH PERSON HAS VOTING AND DISPOSITIVE POWERS (SOLE AND SHARED):						

See Items 5-8 on page 2

ITEM 5: OWNERSHIP OF FIVE PERCENT OR LESS OF A CLASS:

o

Not Applicable

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ITEM 6: OWNERSHIP OF MORE THAN FIVE PERCENT ON BEHALF OF ANOTHER PERSON:

Not Applicable

ITEM IDENTIFICATION AND CLASSIFICATION OF THE SUBSIDIARY WHICH ACQUIRED THE 7: SECURITY BEING REPORTED ON BY THE PARENT HOLDING COMPANY OR CONTROL PERSON:

Not Applicable

ITEM 8: IDENTIFICATION AND CLASSIFICATION OF MEMBERS OF THE GROUP:

Not Applicable

ITEM 9: NOTICE OF DISSOLUTION OF GROUP:

Not Applicable

ITEM 10: CERTIFICATIONS:

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were acquired and are held in the ordinary course of business and were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect.

#### **SIGNATURE**

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

Date: February 3, 2015

Massachusetts Financial Services Company

By: /s/ DANIEL W. FINEGOLD

Daniel W. Finegold

Vice President and Assistant Secretary