### FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549	
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OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burd	len								
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)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

defense	ed to satisfy the e conditions of struction 10.	Rule 10b5-1(c).																
Name and Address of Reporting Person*     Smith Lisa M						2. Issuer Name and Ticker or Trading Symbol Reynolds Consumer Products Inc. [ REYN ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify				
(Last) (First) (Middle) C/O REYNOLDS CONSUMER PRODUCTS INC. 1900 W. FIELD COURT						3. Date of Earliest Transaction (Month/Day/Year) 12/05/2024								below	below)  President, Hefty Waste&Storage			,
(Street)  LAKE F	OREST IL		60045 (Zip)		_   4. l	If Ame	endme	nt, Date	of Origina	l Filed	i (Month/Da	ay/Year)	6. Lir	<b>V</b> Form	filed by On	e Rep	g (Check Ap orting Perso n One Repo	n
			,	n-Deri	vative	e Se	curit	ies Ac	quired	Dis	posed o	of, or Be	neficia	Ily Owne	d			
1. Title of Security (Instr. 3) 2. Trai				2. Trans	saction	ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securit Transaction Disposed Code (Instr. 5)		ties Acquir d Of (D) (Ins	ed (A) or	5. Amou Securiti Benefic Owned	unt of es ially Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		nsaction(s) str. 3 and 4)			(Instr. 4)
Common Stock 12/05				5/2024				M		637(1		\$0	15	5,087		D		
Common	Common Stock 12/0			12/0	5/2024	)24		F		637 <sup>(2)</sup> D \$		\$27.	76 14,450			D		
		7										, or Ben ble secu		y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	ed Date,	4. Transa Code ( 8)	action	5. Number of		•	xercis	sable and	7. Title an Amount of Securities Underlyin Derivative (Instr. 3 and	d f s g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirec Beneficia Ownershi (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Restricted Stock Units	(3)	12/05/2024			M			637 <sup>(1)</sup>	(4)		(4)	Common Stock	637	\$0	19,18	2	D	

#### **Explanation of Responses:**

- 1. Represents the number of restricted stock units ("RSUs") having a value sufficient to cover certain tax withholding obligations as described in footnote (2) below.
- 2. Represents units withheld from an RSU award held by the reporting person to satisfy FICA and related taxes associated with the retirement eligibility of the reporting person under the terms of such award.
- 3. Each RSU represents a contingent right to receive one share of Reynolds Consumer Products Inc. common stock.
- 4. The RSUs vest on February 1, 2026.

### Remarks:

/s/ C. David Watson, Attorneyin-Fact for Lisa M. Smith

12/09/2024

\*\* 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.