FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
|-------------|------------|
|-------------|------------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response:

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* Corey Christopher | | | | | | 2. Issuer Name and Ticker or Trading Symbol Reynolds Consumer Products Inc. [REYN] | | | | | | | | | Relationship neck all appli Directo | cable) or | ng Pers | 10% Ov | vner |
|---|---|------------|---|-----------------------------|------------------------------|--|---|--------|-----------------------------------|---|---|-----------------------------------|---|-------------------|--|---|-----------------------------------|--|--|
| (Last) 1900 W. | (I FIELD CO | , | (Middle) | | | Date of Earliest Transaction (Month/Day/Year) 03/05/2023 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | helow) | Officer (give title Other (specify below) President, Presto Products | | | |
| (Street) LAKE For (City) | OREST I | | 60045 (Zip) | | - 4. II | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - No | n-Deriv | ative | Sec | uritie | es Ac | quired, | Dis | posed (| of, or | Bene | eficial | ly Owne | d | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Trans Date (Month/ | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | Benefici | es ally Following | Form (D) or | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | Code | v | Amount | 1) | A) or D) | Price | Transaci (Instr. 3 | tion(s) | | | (Instr. 4) | | | |
| Common | Stock | | | 03/05 | 5/2023 | 3 | | | М | | 312 | | A | \$ <mark>0</mark> | 1, | 445 | D D | | |
| Common | Stock | | | 03/05 | 5/2023 | 3 | | | F | | 67(1 |) | D | \$ <mark>0</mark> | 1, | 378 | | | |
| | | 7 | able II - | | | | | | | | osed of onvert | | | | Owned | | | | |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deeme Execution if any (Month/Da | n Date, | 4. Transa Code (8) | | of E | | Expiration | . Date Exercisa xpiration Date Month/Day/Year | | Amou Securi Under Deriva | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisab | | xpiration ate | Title | or No of | umber | | | | | |
| Restricted Stock | (2) | 03/05/2023 | | | M | | | 312 | (3) | | (3) | Comm | | 312 | \$0 | 0 | | D | |

Explanation of Responses:

- 1. Represents shares withheld by Reynolds Consumer Products Inc. (the "Company") to satisfy tax withholding obligations on the vesting of restricted stock units ("RSUs").
- 2. Each RSU represents a contingent right to receive one share of the Company's common stock.
- 3. The restricted stock units ("RSUs") vest on March 5, 2023.

Remarks:

/s/ C. David Watson, Attorney-03/07/2023 in-Fact for Christopher Corey

** 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.