FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | DVAL | | | | | |
|------------------------|-----------|--|--|--|--|--|
| 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* SWEENEY WILLIAM J | | | | | | | 2. Issuer Name and Ticker or Trading Symbol PACKAGING CORP OF AMERICA PKG | | | | | | | | | | 5. Relationship of Reportin (Check all applicable) Director Officer (give title | | | g Person(s) to Issuer 10% Owner Other (specify | | |
|---|--|---------|--|-----------------------|---|----------------|--|--------|------------------------------------|------------------------------------|-----------------------------|--|---|-----------------|----------------------|---|--|---|-----------|--|--|--|
| (Last) 1900 WE | st) (First) (Middle) 00 WEST FIELD COURT | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/24/2008 | | | | | | | | | | X Officer (give fille Officer (specify below) Executive VP | | | | | |
| (Street) LAKE FOREST IL 60045 | | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Indiv _ine) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | | (State) | | Zip) e I - Nor | n-Deriv | ative S | Secu | ıritie | s Aco | uired. | Disi | oosed o | f. o | r Ben | efic | ially | Owne | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | action | ction 2A. Deer | | | 3. Transa Code (| 3. 4 Transaction Code (Instr. 5 | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | or 5. Amount of | | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | Amount (A | | (A) or (D) | Pric | Trans | | action(s) 3 and 4) | | | (IIISU. 4) | | | | | | |
| Common | /2008 | 8008 | | | S | | 900 | | D | \$25.87 | | 94,480 | | D | | | | | | | | |
| Common | /2008 | 2008 | | | | | 200 | | D | \$25.88 | | 94,280 | | D | | | | | | | | |
| Common | | | | | | | | | | | | 4 | 4,609 | I | | by 401(k) plan | | | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | e Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | | 4. Transaction Code (Instr. 8) | | n of | | 6. Date E Expiratio (Month/D | n Date | Arr) See Un De See | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deriv Secu | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form: Direct or Indi (I) (Ins | D) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Code \ | , | (A) | | | | Expiration Date | Titl | or Nur of | ount nber ıres | | | | | | | |

Explanation of Responses:

Remarks:

This is the second of two Form 4 filings made by the reporting person on the date hereof to report transactions made on July 24, 2008.

Kent A. Pflederer, attorney in fact

** Signature of Reporting Person

07/28/2008

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.