Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|
| |

| OMB APPROVAL | | | | | | | | | | |
|--------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average | burden | | | | | | | | | |
| hours per response | 9: 0.5 | | | | | | | | | |

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* Woodrum James D | | | | | 2. Issuer Name and Ticker or Trading Symbol PACKAGING CORP OF AMERICA PKG] | | | | | | | | | | k all app Direc | nship of Reporting applicable) Director Officer (give title | | 10% O\ | |
|---|--|--|--|------|--|---|--|--|-----------------|--|--|-----------------------|--|--|---|--|--|--|------------|
| (Last) 1 N. FIE | (Fii LD CT. | rst) (f | /liddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/04/2021 | | | | | | | | | below) be | | | | эреспу | |
| (Street) LAKE F (City) | OREST IL | | 0045 Zip) | _ | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Indi Line) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| Da | | Date | Date (Month/Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | Disposed C | Securities Acquired (A sposed Of (D) (Instr. 3, | | | 5. Amo Securit Benefic Owned Report | ties cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pri | ce | Transa | ction(s) 3 and 4) | | | (111501.4) |
| Common Stock 05/04/ | | | 6/04/20 | 021 | | | A | | 527 | A | . \$0 | 0.00(1) | 8,615 | | D | | | | |
| Common Stock | | | | | | | | | | | | 4,000 | | | | by Spouse ⁽²⁾ | | | |
| | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y | ate, | 4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | vative irities ired r osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Sei (In: | . Price of erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | or Numb of Share | | | | | | |

Explanation of Responses:

- 1. Share award for equity portion of directors fees.
- 2. Reporting person disclaims beneficial ownership of shares held by spouse.

Remarks:

Kent A. Pflederer, attorney in

fact

** Signature of Reporting Person Date

05/05/2021

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.