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HOLDEN LOWELL THOMAS Form 3/A May 16, 2011 UNITED STATES SECURITIES AND EXCHANGE COMMISSION **OMB APPROVAL** FORM 3 Washington, D.C. 20549 OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> HOLDEN LOWELL THOMAS		3. Issuer Name and Ticker or Trading Symbol Crown Equity Holdings, Inc. [CRWE]			
(Last) (First) (Middle) 5440 SAHARA, 205 (Street) LAS VEGAS, NV US 89146	Person(s (C X D X O		 5. If Amendment, Date Original Filed(Month/Day/Year) 08/16/2010 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 		
(City) (State) (Zip)	Table I - Non-Der	ivative Securities I	Beneficially Owned		
1.Title of Security (Instr. 4)	2. Amount of Securitie Beneficially Owned (Instr. 4)	Ownership Ow	Nature of Indirect Beneficial rnership str. 5)		
Common Stock	10,000	I He	ld in Controlled Company		
Common Stock	2,304,000	I He	ld in COntrolled Company		
Common Stock	162,500	I He	ld in Controlled Company		
Common Stock	500,000	I He	ld in Controlled Company		
Common Stock	444,444	I He	ld in Controlled Company		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

> 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 control number.

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(Instr. 4)	Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)	

Reporting Owners

Reporting Owner Name / Address		Relationships				
		Director	10% Owner	Officer	Other	
HOLDEN LOWELL THO 5440 SAHARA 205 LAS VEGAS, NV US		ÂX	Â	CFO	Â	
Signatures						
Lowell Holden	05/16/2	2011				
<u>**</u> Signature of Reporting Person	Dat	e				

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.