FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL							
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## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

Davis Kalvin		2. Date of Event Restatement (Month/l	_'	3. Issuer Name and Ticker or Trading Symbol GRAPHIC PACKAGING HOLDING CO [ GPK ]							
(Last) 814 LIVINGST	(First)	(Middle)	-			tionship of Reporting Person(s all applicable) Director Officer (give title below)	Person(s) to Issuer  10% Owner  Other (specify below)		If Amendment, Date of Original Filed (Month/Day/Year)      Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person		
(Street) MARIETTA	GA	30067							Form filed by More than One Reportin Person		
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
·· ····· ·· · · · · · · · · · · · · ·				1		ally Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable ar Expiration Date (Month/Day/Year)			ate	Derivative Security (Instr. 4) Cor		Conversion or Exercise	(D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
		Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivative Security	Indirect (I) (Instr. 5)			

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/Kelvin L. Davis By: Laura Lynn 03/18/2008 Smith Attorney-in-Fact

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).