FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

LD GIAILG		IND EXCITATIOE	
	Washington [C 20549	

OMB APPROVAL									
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* RICKERTSEN CARL J					2. Issuer Name and Ticker or Trading Symbol Magnera Corp [MAGN]								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
	RRIS COR	rst) NERS PKWY	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/04/2024									Officer (give title below)			Other (specify below)		
SUITE 300				4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	OTTE N	C	28269											Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Si	tate)	(Zip)																
		Tab	le I - Non	-Deriv	ative	e Se	curitie	s Ad	quire	l, Dis	sposed (of, or	Ben	eficiall	y Owned	l			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,		, Transaction Disposed Code (Instr. 5)		ties Acquired (A) or d Of (D) (Instr. 3, 4 and		Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership					
								Cod	v	Amount	(,	A) or D)	Price	Reported Transact (Instr. 3 a	on(s)			(Instr. 4)	
Common Stock, Par Value \$.01					1,306(1)		06(1)		D										
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 (Month/Day/Year) 3. Transaction Date Execution (Month/Day/Year) Execution if any (Month/Day/Year)				Pate, Transaction Code (Instr.			n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	1	Amount or Number of Shares					
Restricted Stock Units	(2)	11/04/2024			A		9,501		11/04/20	25 ⁽³⁾	11/04/2025	Comr Stoc Pa Valu	ck, ir ue	9,501	\$0	9,501	ı	D	

Explanation of Responses:

- 1. Represents shares of the Issuer acquired upon the closing of a series of transactions pursuant to which a wholly-owned subsidiary of the Issuer combined with Berry Global Group Inc.'s global nonwovens and hygiene films business in a Reverse Morris Trust transaction.
- 2. Not applicable to this transaction. RSUs have no value until all restrictions lapse on the final vesting date.
- 3. This grant vests in full and all restrictions lapse one year from the Grant Date.

/s/ Laura A. Jones, attorney-in-11/06/2024 fact for Carl J. Rickertsen

** 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.