Instruction 1(b).

## FORM 4

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for

## HITED STATES SECHIDITIES AND EYCHANGE COMMISSION

Washington, D.C. 20549

JNITED STATES SECURITIES AND EXCHANGE COMMISSION	JN
--	----

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

the pur securiti to satis	chase or sale of es of the issue fy the affirmations ons of Rule 10b	r that is intended /e defense																			
Name and Address of Reporting Person*     Marnick Samantha J.						2. Issuer Name <b>and</b> Ticker or Trading Symbol Magnera Corp [ MAGN ]										elationship of the control of the co	able)	g Pers	uer vner		
(Last) (First) (Middle) 9335 HARRIS CORNERS PKWY						Date of 104/2		t Trar	nsacti	ion (Mont	th/D	ay/Year)		Officer below)	r (give title )		Other (s below)	pecify			
SUITE 300					If Amendment, Date of Original Filed (Month/Day/Year)											6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) CHARLOTTE NC 28269																Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	tate)	(Zip)																		
		Tab	le I - Non-	Deriva	ative	Se	curitie	s A	cqui	ired, D	isp	osed o	f, or B	ene	ficiall	y Owned					
1. Title of Security (Instr. 3)  2. Trans Date (Month)						ar) l	Execution if any	A. Deemed xecution Date, any Month/Day/Year		3. Transaction Code (Instr. ) 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			5. Amour Securitie Beneficia Owned F Reported	es Form ially (D) Following (I) (I		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									(	Code V		Amount	(A) (D)	or	Price	Transaction(s) (Instr. 3 and 4)				(111301. 7)	
		1	Table II - D (e									sed of, onvertib				Owned					
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	c	ransad ode (l		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expi	ate Exerc iration Da nth/Day/Y	ite		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		curity l)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
				c	ode	v	(A)	(D)	Date Exer	e rcisable		xpiration ate	Title	or Nu of	umber						
Restricted Stock Units	(1)	11/04/2024			A		9,501		11/0-	14/2025 <sup>(2)</sup>	11	1/04/2025	Commo Stock, Par Value \$.01		,501	\$0	9,501		D		

## **Explanation of Responses:**

- 1. Not applicable to this transaction. RSUs have no value until all restrictions lapse on the final vesting date.
- 2. This grant vests in full and all restrictions lapse one year from the Grant Date.

/s/ Laura A. Jones, attorney-infact for Samantha Marnick

11/06/2024

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.