FORM 4

UNI

Washington, D.C. 20549

| HED STATES SECURITIES AND EXCHANGE COM | MISSION | |
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OMB APPROVAL

| OMB Number: | 3235-028 | | | | |
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| Estimated average burd | len | | | | |
| hours per response: | 0.1 | | | | |

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

| Instruction 10. 1. Name and Address of Reporting Person* Till James | | | | | 2. Issuer Name and Ticker or Trading Symbol Magnera Corp [MAGN] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
|---|---|--|-------------------------------|--------|--|--|---|---|-------------------------|-------------|--|---|---|--|--|---|------------|--|
| | Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/04/2024 | | | | | | | | | | (specify | |
| (Street) CHARLOTTE NC 28269 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) ative Securities Acquired, Disposed of, or Benefic | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transa Date (Month/E | action | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year | | 3. 4. Securities Acquir Disposed Of (D) (Institution Code (Instr. 5) | | ies Acquire | d (A) or | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | | v | (D) | | Price | Transact (Instr. 3 a | ion(s) | | (Instr. 4) | |
| | | | Table II - [(| | | | | | uired, Di s, options | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3A. Deemed Execution Day if any (Month/Day/ | ate, Transaction | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) | | |
| | | | | C | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | | | | |
| Restricted Stock Units | (1) | 11/04/2024 | | | A | | 14,251 | | 11/04/2025 | 2) 1 | 1/04/2027 | Common Stock, Par Value \$.01 | 14,251 | \$0 | 14,251 | D | | |
| Restricted | | | | | | | | | | T | | Common Stock, | | | | | | |

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 one-third 11/4/2025, one-third 11/4/2026 and one-third 11/4/2027. This grant vests in full, and all restrictions lapse, three years from the Grant Date.
- 3. This grant vests in full and all restrictions lapse three years from the Grant Date, subject to the individual's continuous employment with Magnera Corporation.

/s/ Laura A. Jones, attorney-infact for James Till

11/06/2024

** 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.