FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | | |

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

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* Day David | | | | | | 2. Issuer Name and Ticker or Trading Symbol MAGNITE, INC. [MGNI] | | | | | | | | | k all app Direc | olicable) etor | | 10% Ov | vner | |
|--|---|-------|-------------|---|--|--|-------|---|-------------------------|------|--|------------------|---|---|--|--|--|--|---|--|
| (Last) | (First) (Middle) MAGNITE, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/16/2023 | | | | | | | | | belov | er (give title v) Chief Fina | | Other (s below) Officer | specily | |
| 1250 BROADWAY, 15TH FLOOR | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) NEW YORK NY 10001 | | | | | X Form filed by One Reporting Pe Form filed by More than One Re Person | | | | | | | | | | | | | | | |
| (City) (State) (Zip) | | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| | | | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | ecur | ities | Acc | uired, | Dis | posed of | , or E | Benefi | ciall | y Owr | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | Execution I | | | n Date, Transa Code (I | | | | | | S, 4 and Secur Benef Owne Follow | | cially 1 | Forn (D) o Indir | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) or (D) Pr | | e:e | Transa | Reported ransaction(s) Instr. 3 and 4) | | | | |
| Common Stock 05/16/20 | | | | | | 2023 | | | S ⁽¹⁾ 16,066 | | D | \$1 | 10.88 4 | | 463,025 | | D | | | |
| | | Tab | le II - | Derivativ (e.g., pu | | | | | | | | | | | Owne | ed | | | | |
| 1. Title of Derivative Security (Instr. 3) | tive Conversion Date Execution Date or Exercise (Month/Day/Year) if any | | ution Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amoun or Numbe of Shares | | | | | | | |

Explanation of Responses:

1. Represents the non-discretionary sale of shares on behalf of the Reporting Person pursuant to an arrangement mandated by the Issuer to cover the tax withholding obligations associated with the vesting of restricted stock units.

Remarks:

/s/ Aaron Saltz, attorney-in-** Signature of Reporting Person

fact

05/18/2023

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.