FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,

ton, D.C. 20549	OME

OIVID APPROVAL											
OMB Number:	3235-0287										
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hours per response:	0.5										
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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-

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

1(c). Se	ee Instruction	10.																		
Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Evans Katie Seitz			IVIA	MAGNITE, INC. [MGNI]									Dire	,		10% Ov	vner			
-					_										Office below	er (give title w)		Other (s	specify	
` ′	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 11/15/2024										F OPERA	TING	,	ER	
C/O MAGNITE, INC.					11/1	11/13/2021														
1250 BR	OADWA	7, 15TH FLOOR			4 If A	If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)					7. " /	-inchia	ment,	Date 0	n Ongine	ai i iici	u (IVIOIIIII) u	y/ i cai	,	Line	e)			` .	·	
NEW YO	ORK N	Y 1	0001													n filed by On	•	J		
															Forn Pers	n filed by Mo on	re tnan (one Kepo	orting	
(City)	(5	State) (2	Zip)																	
		Table	I - No	n-Deriva	tive S	Secu	rities	S Acq	uired,	Dis	posed of	, or E	3en	eficia	lly Owr	ed				
1. Title of Security (Instr. 3) 2. Transact										3. 4. Securities Acquired (A)							6. Ownership Form: Direct		7. Nature	
Date (Month/Day					y/Year) Execution Date, if any (Month/Day/Year)			Transaction Disposed Of (D) (Instr. 5)			iisti.	3, 4 and	Benef		(D) or li) or Indirect	Beneficial Ownership			
								,, rour,				mount (A) or P			- Repor		(1) (1115)		(Instr. 4)	
									Code V Amount		(D)		Price	(Instr.	3 and 4)					
Common Stock 11/15/2					2024				F ⁽¹⁾		7,483	Г		\$15.8	.85 381,170		I			
		Tal	ble II -	Derivati	ive Se	curi	ties	Acqu	ired, [Disp	osed of,	or Be	nef	ficially	/ Owne	d	•	<u> </u>		
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)	ivative Conversion Date urity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		f i	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or	ount mber ares						

Explanation of Responses:

1. Represents the non-discretionary forfeiture 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.

/s/ Aaron Saltz, attorney-in-

fact

** Signature of Reporting Person Date

11/19/2024

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.