FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

· · — · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_
shinaton.	D.C. 20549	

OMB APPROVAL 3235-0287 Estimated average burden

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 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

1. Name and Address of Reporting Person* Spillane Robert F						Issuer Name and Ticker or Trading Symbol MAGNITE, INC. [ MGNI ]      Date of Earliest Transaction (Month/Day/Year)									all app	ship of Reporting applicable) rector ficer (give title		10% O	wner
(Last)	(Fi	rst) (M	(Middle)			06/11/2024									below			Other ( below)	specify
C/O MAGNITE, INC.					4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
1250 BROADWAY, 15TH FLOOR														<b>V</b>	-7				
(Street)													Form Perso	m filed by More than One Reporting son					
NEW YO	ORK N	<i>(</i> 1	0001		Ru	Rule 10b5-1(c) Transaction Indication													
(City)	ty) (State) (Zip)					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 - N	on-Deriva	tive S	Secui	rities	Acc	quire	d, Dis	sposed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/					.	Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Disposed Of					Benefic		ties cially I Following	Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)	Price		Transa	ction(s) 3 and 4)			(111311. 4)
Common Stock 06/11					)24				S		25,000	D	\$13.0	4(1) 69,090		9,090		D	
Common Stock 06/12/					)24				A		14,061(2)	A	\$00	<b>\$0</b> <sup>(3)</sup>		83,151		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)	tive Conversion Date Execution Date or Exercise (Month/Day/Year) if any		ution Date,	on Date, Transac Code (Ir				6. Date Exerd Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$13.01 to \$13.10, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote
- 2. Represents restricted stock units that vest in full on the earliest of (i) June 12, 2025, (ii) the date of the 2025 annual meeting of the Issuer's stockholders, or (iii) a change of control of the Issuer.
- 3. Granted as compensation for services

/s/ Aaron Saltz, attorney-in-

06/13/2024

fact

\*\* 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.