1. Name and Address of Reporting Person
   TROE LISA L
   (Last) (First) (Middle)
   C/O MAGNITE, INC.
   12181 BLUFFCREEK DRIVE, 4TH FLOOR
   PLAYA VISTA CA 90094

2. Issuer Name and Ticker or Trading Symbol
   MAGNITE, INC. [ MGNI ]

3. Date of Earliest Transaction (Month/Day/Year)
   04/15/2021

5. Relationship of Reporting Person(s) to Issuer
   (Check all applicable)
   X Director
   10% Owner
   Officer (give title below)
   Other (specify below)

6. Individual or Joint/Group Filing (Check Applicable Line)
   X Form filed by One Reporting Person
   Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>04/15/2021</td>
<td></td>
<td></td>
<td>S(1)</td>
<td>3,000</td>
<td>D</td>
<td></td>
</tr>
</tbody>
</table>

(1)備考: 1. This sale was made pursuant to a Rule 10b5-1 Trading Plan adopted by the Reporting Person.

Remarks:

/s/ Aaron Saltz, attorney-in-fact
04/16/2021

** 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).


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.