FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

OMB API	PROVAL

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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(0). 0	ee mstruction	110.																		
Name and Address of Reporting Person* Soltra Aprop.						2. Issuer Name and Ticker or Trading Symbol MAGNITE, INC. [MGNI]							Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Saltz Aaron					1					-	•				Direc		r 10% O		-	
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(Last)	(First) (Middle)		3. Date of Earliest Transaction (Month/Day/Year)									CI	HEF LEG	AL OI	FFICER			
C/O MAGNITE, INC.					11/1	11/15/2024														
1250 BROADWAY, 15TH FLOOR																				
					4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. lı	6. Individual or Joint/Group Filing (Check Applicable							
(Street)							,		3			,	,		Line)					
NEW YO	א אסר	IY :	10001												√ Form	filed by On	e Repor	rting Perso	on	
NEW I	JKK I	(I	10001												Form filed by More than One Reporting			orting		
															Pers	on				
(City)	(State) (Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of	Security (Ir	str. 3)		2. Transac	tion		Deeme		3.		4. Securitie	s Acqu	uired ((A) or		ount of			7. Nature	
	•	,		Date (Month/Da	w/Voarl	Execution Date,				Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)		3, 4 and	d Securi Benefi		Form: Direct		of Indirect Beneficial			
(Month/Da			iy/ieai/	(Month/Day/Year)		8)			Owned	l Following		Instr. 4)	Ownership							
									(A) or (D) Price			Report Transa	ted iction(s)		- 1	(Instr. 4)				
									Code	V	Amount	(D)	· '	Price		3 and 4)				
Common Stock 11/15/2					2024				F ⁽¹⁾		4,153)	\$15.8	5 30	303,592		D		
		To	ble II	Dorivet	ivo 84		tion	1 0011	irod I	Dian	osed of,	or Da	nof	المنمة	· Owno	d				
		Id	bie ii -								convertib				y Owne	u				
1. Title of	2.	3. Transaction	3A. De	emed	4.		5. Nu	ımber	6. Date	Exerc	isable and	7. Titl	le and	1	8. Price of	9. Number	of 10	0.	11. Nature	
Derivative Conversion Date Execution		ion Date, Tran		ransaction				Expiration Date Amount					Derivative			wnership	of Indirect			
(Instr. 3)	Security or Exercise (Month/Day/Year) if any (Instr. 3) Price of (Month/Day/Year)			Code (Instr		str. Derivative Securities		(Month/Day/Year) Securities Underlying				Security (Instr. 5)	Beneficial			Beneficial Ownership				
, ,	Derivative		Ι΄		ĺ .	,		Acquired (A) or Disposed		Derivative Security (Ir 3 and 4)					Owned Following		r Indirect	(Instr. 4)		
	Security													nstr.		Reported	1) (Instr. 4)		
					0			of (D)					•			Transactio (Instr. 4)	n(s)			
							(Instr. 3, 4 and 5)									(111511. 4)				
					- 					Δm	ount									
													or							
									Date		Expiration		Nun	nber						
					Code V		(A) (D)		Exercisable		Date	Title	Sha	res						

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

11/19/2024

** 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.