SEC Form 4	
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FORM 4

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

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number:	OMB Number: 3235-0287									
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

			of Section So(n) of the investment Company Act of 1940							
1. Name and Address of Reporting Person [*] Sheffield Chaney			2. Issuer Name and Ticker or Trading Symbol BERRY GLOBAL GROUP, INC. [BERY]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Sherrera Charley</u>					Director	10% Owner				
(Last)	(First) (Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/25/2022	1	Officer (give title below)	Other (specify below)				
101 OAKLEY S	TREET									
,			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicat Line)						
(Street) EVANSVILLE	,			X	Form filed by One Rep	porting Person				
			-		Form filed by More than One Reporting Person					
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	ution Date, Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned Following	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(1130. 4)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	(e.g., puts, cans, warrants, options, convertible securities)														
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr. and 5)	tive ties red sed 3, 4	6. Date Exerc Expiration Da (Month/Day/Y	ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Stock Units	(1)	11/25/2022		Α		1,970		(2)	(2)	Common Stock	1,970	\$ <u>0</u>	1,970	D	
Director Stock Option (Right to Buy)	\$ 57.18	11/25/2022		А		3,415		(3)	11/25/2032	Common Stock	3,415	\$0	3,415	D	

Explanation of Responses:

1. Each restricted stock unit represents a contingent right to receive one share of BERY common stock. Granted under the 2015 Long-Term Incentive Plan.

2. The restricted stock units vest in full on the first anniversary of the grant date. Shares of BERY common stock will be delivered to the reporting person within 60 days following the date on which the restricted stock units vest.

3. Granted under the 2015 Long-Term Incentive Plan. Options vest in full on the first anniversary of the grant date.



** 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.