## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OIVID APPROVAL										
OMB Number:	3235-0287									
Estimated average burd	den									
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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

to satis	fy the affirmations of Rule 10b																			
1. Name and Address of Reporting Person* STERRETT STEPHEN E						2. Issuer Name and Ticker or Trading Symbol BERRY GLOBAL GROUP, INC. [ BERY ]									5. Relationship of Reporting (Check all applicable)  Director			Person(s) to Issuer		
(Last)	Last) (First) (Middle) 115 W WASHINGTON ST					3. Date of Earliest Transaction (Month/Day/Year) 11/20/2024									Officer (give title below)				Other (specify below)	
(Street) INDIAN (City)		4.	If Ame	endme	ent, Date of	Original	Filed	(Month/Da	Line)	Individual or Joint/Group Filing (Check Applicable ne)  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																			
Date					2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ies Acquired (A) Of (D) (Instr. 3, 4			5. Amour Securities Beneficia Owned F	s illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	or	Price	Transacti (Instr. 3 a	tion(s)			msu. 4)	
Common Stock 1					20/2024				М		3,880(	3) A		(1)	33,608		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Diff any (Month/Day/	ate, 1		ransaction ode (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	s s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	An or Nu of Sh			(Instr. 4)	(5)			
Restricted Stock	(1)	11/20/2024			M			3,880 <sup>(3)</sup>	(2)		(2)	Commo	n 3	,880	(1)	0		D		

## Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of BERY common stock. This transaction represents the settlement of restricted stock units in shares of common stock on their scheduled vesting date.
- 2. The award was granted on November 20, 2023 and vested in full on November 20, 2024.
- 3. The number of previously disclosed Restricted Stock Units was adjusted to reflect the previously announced spinoff and merger of BERY's HHNF with Glatfelter Corporation.

Jason K. Greene

11/22/2024

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\ast}$  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.