FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL								
OMB Number:	3235-0287							
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hours per response:	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1. Name and Address of Reporting Person* FOSTER JONATHAN F				<u>B</u>	2. Issuer Name and Ticker or Trading Symbol BERRY GLOBAL GROUP, INC. [BERY]] (Ch	5. Relationship of Reporting Pers (Check all applicable) X Director				ner		
(Last)	(F	irst)	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/20/2023							Officer below)	(give title		Other (s below)	pecify	
777 THIRD AVE 30TH FL				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) NEW Y	ORK N	Y	10017								Form filed by More than One Reporting Person						
(City)	(S	tate)	Zip)		Rule 10b5-1(c) Transaction Indication 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.							d to					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date		ansaction th/Day/Ye	Execution Date,		Code (Ins	Transaction Disposed Of (D) (Instr. 3, 4) Code (Instr. 5)					Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
							Code V	Amount	(A) o (D)	r Price	Tropposition(s)				(Instr. 4)		
	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 Date, if any (Month/Day/Year	Code	Transaction of Exp Code (Instr. Derivative (Mo		6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			f g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Ily	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)	11/20/2023		A		1,393		(2)	(2)	Common Stock	1,393	\$0	3,363		D		
Director Stock Option (Right to Buy)	\$64.62	11/20/2023		A		2,823		(3)	11/20/2033	Common Stock	2,823	\$0	87,23:	5	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.

<u>Jason K. Greene</u> <u>11/22/2023</u>

** 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.