FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

washington,	D.C. 20049	

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

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. Name and Address of Reporting Person* <u>Kesner Idalene Fay</u>					BI	2. Issuer Name and Ticker or Trading Symbol BERRY GLOBAL GROUP, INC. [ BERY ]								heck all appl	icable) or	ng Per	rson(s) to Iss	ner		
(Last)	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 11/20/2023								Office below	r (give title )		Other (s below)	pecify			
101 OAF	KLEY STR	STREET				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)															X Form filed by One Reporting Person					
EVANSV	VILLE II	1	47710										Form filed by More than One Reporting Person							
(City)	(S	state)	(Zip)		Rule 10b5-1(c) Transaction Indication						1									
	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																			
1. Title of Security (Instr. 3)  2. Trans Date (Month/				2A. Deemed Execution Date, if any (Month/Day/Year		, Transaction Dispose Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 and		d Securit Benefic Owned	5. Amount of Securities Beneficially Owner following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership						
						Code	v	Amount	mount (A) or (D)		Transac	Reported Transaction(s) (Instr. 3 and 4)			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)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			ransaction of ode (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisable		opiration ate	Title	Amount or Number of Shares							
Restricted Stock Units	(1)	11/20/2023			A		1,393		(2)		(2)	Commor 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	Commor Stock	2,823	\$0	59,23	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.