FORM 4

obligations may continue. See Instruction 1(b).

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 OMB Number: 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* Soroca Adam Lee						2. Issuer Name and Ticker or Trading Symbol MAGNITE, INC. [MGNI]								heck all appli Direct	cable) or		Owner	
	GNITE, IN	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/01/2020							\dashv	^ below			Other (specify below) uyer Team	
12181 B.	LUFF CRE	4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable							
(Street) PLAYA	VISTA C.	A	90094					- , , ,					Lir	Line) X Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(S	tate)	(Zip)										Perso	n				
		Tab	le I - No	n-Deriv	/ative	e Se	curit	ies Ac	quired,	Dis	posed o	of, or Be	neficia	lly Owne	d			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		ar)	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		Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)		(Instr. 4)	
Common Stock			12/0	1/2020	/2020					6,695	6,695 D		357,806		D			
Common Stock		12/0	/2020				M ⁽¹⁾		2,792	2 A	\$1.9	7 36	0,598	D				
Common Stock		12/0	1/2020				M ⁽¹⁾		878	A	\$4.9	2 36	1,476	D				
Common Stock			12/0	1/2020				S ⁽¹⁾		3,670	670 D \$		7 357,806		D			
Common Stock 12/03			3/2020	020		S ⁽¹⁾		10,000 D		\$20	347,806		D					
		Т	able II -									, or Ben ble secu		y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	ed Date,	4. Transaction Code (Insti		5. Number of		6. Date Exercisa Expiration Date (Month/Day/Year		able and	7. Title an Amount of Securities Underlyin Derivative	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)		Date Exercisal:		Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (Right to Buy)	\$1.97	12/01/2020			M ⁽¹⁾			2,792	(2)	(03/15/2028	Common Stock	2,792	\$0 ⁽³⁾	36,107	7 D		
Employee Stock Option	\$4.92	12/01/2020			M ⁽¹⁾			878	(4)		02/20/2029	Common	878	\$0 ⁽³⁾	130,84	8 D		

Explanation of Responses:

1. The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.

- 2. 25% of the stock options will vest on February 1, 2019 and the remaining option shares have vested or will vest in 36 equal installments each calendar month thereafter.
- 3. Granted as compensation for services.

4. 25% of the stock options will vest on February 1, 2020 and the remaining option shares have vested or will vest in 36 equal installments each calendar month thereafter.

Remarks:

(Right to Buy)

> Aaron Saltz, attorney in fact 12/03/2020

Stock

** 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.