FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | DС | 20549 | |
|-------------|------|-------|--|
| vasimigton, | D.O. | 20070 | |

| STATEMENT | OF CHA | NGFS IN | BENEFICIAL | OWNERSHI |
|-----------|-----------------|---------|------------|---|
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| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
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| Estimated average burden | | | | | | | | | | |
| 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

| Name and Address of Reporting Person* Slater Catherine I | | | | | 2. Issuer Name and Ticker or Trading Symbol O-I Glass, Inc. /DE/ [OI] | | | | | | | | ck all app | , | ng Pers | son(s) to Is | | | | |
|--|---|----------|---|----------------|--|--|------------------|--|--|--|--------------------|-----------------------------|--|--|--|---|--|------------|--|--|
| (Last) | (Fir | est) (N | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/16/2024 | | | | | | | | Office below | er (give title | | Other (s | specify | | | |
| ONE MI | CHAEL O | WENS WAY | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | X | X Form filed by One Reporting Person | | | | | |
| PERRYS | BURG OF | H 4 | 3551 | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (Z | Zip) | | Rul | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| | | | Check this box to indicate that a transaction was made pursuant t satisfy the affirmative defense conditions of Rule 10b5-1(c). See I | | | | | | | | | uction or writt | en plan | that is inter | nded to | | | | | |
| | | Table | I - No | on-Deriva | ative S | Secui | rities <i>A</i> | Acq | uired | l, Dis | posed of | , or E | Bene | ficiall | y Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | Execution Date | | , | Transaction Dis | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | Securit Benefic Owned | urities neficially ned Following (| | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | Code | v | Amount | (A) o (D) | r Pi | rice | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common | Stock (Dire | ect) | | 05/16/20 | 024 | 24 A 10,933 ⁽¹⁾ A | | | | | A | \$ | 0.0000 | 55 | 5,731 | | 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) | Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | ition Date, | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ive ies ed | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | De Se (Ir | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y [C | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) (I | D) | Date Exerci | isable | Expiration Date | Title | Amo or Num of Shar | ber | | | | | | |

Explanation of Responses:

1. The restricted stock units vest in full on the date of the Company's next Annual Meeting of share owners at which directors are elected following the date of grant.

/s/Darrow A. Abrahams, attorney-in-fact

05/17/2024

** 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.