FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

vvasn	ington,	D.C.	20549		

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden

0.5

hours per response:

	Check this box if no longer subject to
1	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

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 to satisfy the affirmative
defense conditions of Rule 10b5-

1(c). Se	ee Instruction 1	0.																		
1. Name and Address of Reporting Person* BURNS RANDOLPH L				2. Issuer Name and Ticker or Trading Symbol O-I Glass, Inc. /DE/ [OI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner								
(Last) (First) (Middle) ONE MICHAEL OWENS WAY, PLAZA 1					3. Date of Earliest Transaction (Month/Day/Year) 11/04/2024									Officer (give title below) SVP, Chief Admin & Sus Officer						
(Street) PERRYSBURG OH OH			4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting								
(City)	(St	ate) (Ž	Zip)												Perso)TI				
		Table	I - I	Non-Deriva	tive S	Secui	rities	Ac	quir	ed, Di	isposed c	f, or I	Benefic	ially	Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				ear) E	ar) 2A. Deemed Execution Date, if any (Month/Day/Year)		, [3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (I		Acquire (D) (Inst	d (A) or r. 3, 4 and	d 5) Securi		cially d Following	For (D) (Indi	m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price		Transa	saction(s) 3 and 4)		tr. 4)	(Instr. 4)		
Common Stock (Direct) 11/04/2024				24				P	П	13,000	A	\$11.380	02(1)	70,817			D			
Common Stock (Indirect)													1,681.571			I	By 401k			
		Tal	ble l	I - Derivati (e.g., pu						•	posed of, converti			•	Owne	d				
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, if any					Transaction of Code (Instr. Derivative		rative rities ired r osed)	Expiration Date (Month/Day/Year)			Amo Secu Unde Deriv Secu	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		rice of vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Dat Exe	te ercisable	Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$11.34 to \$11.41, inclusive. The reporting person undertakes to provide the Company, any security holder of the Company, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares bought at each separate price within the ranges set forth in this footnote.

/s/ Darrow A. Abrahams, attorney-in-fact 11/06/2024

** 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.