FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 ar | 2. Issuer Name and Ticker or Trading Symbol O-I Glass, Inc. /DE/ [OI] | | | | | | | | | | all app Direc | plicable) ctor | | Person(s) to Issuer 10% Owner | | | | | |
|--|---|-------|--------|---|-----------|--|--|---------|--|----------|--|-------------------|--|---|--|--|--|---|---------|
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/10/2023 | | | | | | | | | Officer (give title below) | | | Other (s | specify |
| ONE MI | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | | | |
| (Street) PERRYSBURG OH 43551 | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (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. | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive Se | ecur | rities | Acc | quired, | Dis | posed of | f, or E | Benefic | ially | Owr | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/N | | | | | Year) E | xecut any | eemed Ition Date, h/Day/Year) | | | | es Acquired (A) Of (D) (Instr. 3, 4 | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | (A) o (D) | Price | Repor Transa (Instr. | | rted action(s) . 3 and 4) | | | | |
| Common Stock (Direct) 05/10/20 | | | | | | 23 | | A | | 6,683(1) | A | \$0.0 | 000 | 58,294 | | | 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) | ative Conversion Date Execution Date, if any | | | 4. Transaction Code (Instr. 8) | | | vative rities rired r osed) r. 3, 4 | Expirat | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y (| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | ll | Amount or Number of Shares | | | | | | |

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 05/12/2023

** 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.