FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OIVID AFF	INOVAL
OMB Number:	3235-0287
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).

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). See Instruction 10.

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(c). Si	ee Instructior	10.																	
Name and Address of Reporting Person*     Robinson Paul M				2. Issuer Name <b>and</b> Ticker or Trading Symbol Warner Music Group Corp. [ WMG ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Kooms	<u>on Faur</u>	<u>1V1</u>										•			Direc			10% O	
-					<u></u>									1	Office	er (give title		Other (	specify
(Last)	(1	First) (	(Middle)					Trans	action (I	Month	/Day/Year)			EVP & General Counsel					
C/O WA	RNER M	USIC GROUP C	ORP.		01/0	4/202	.5								E	vr & Gei	ierai	Counsei	
1633 BR	OADWA	<b>V</b>																	
1033 BI	OTID WIT				4 If A	Amend	ment	Date o	f Origina	al File	d (Month/Da	v/Year)		6 Indi	ividual o	Joint/Grou	n Filir	ng (Check A	oplicable
(Street)								2010 0	. og		a (o	<i>j.</i> . ca. ,		Line)	rrada. o.	000	P	.9 (000	.ppoab.o
NEW YO	DRK N	I <b>Y</b>	10019											1	Form	filed by On	e Rep	orting Pers	on
INEW IC	JKK 1		10019												Form filed by More than One Reporting				
,au ,															Perso	on			
(City)	(;	State) (	(Zip)																
		Table	l - No	n-Deriva	tive S	Secui	rities	Acq	uired,	, Dis	posed of	, or B	enefi	cially	y Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Date)				Execution Date,		3. 4. Securities Acquired (Disposed Of (D) (Instr. 3) 5)				Securities F Beneficially (I Owned Following (I		Forn (D) c	6. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) c	(A) or (D)		Transa	eported ransaction(s) nstr. 3 and 4)			(Instr. 4)
Class A Common Stock 01/04/2					2025		Α		16,234	A	\$	0(1)	(1) 61,575(2)			D			
Class A Common Stock 01/06/2				2025		F		5,555	D	\$3	1.02	56,020(2)			D				
		Та	ble II -								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversio or Exercise Price of Derivative Security		Execut if any	A. Deemed xecution Date, i any Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	. Price of lerivative lecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
			Codo	.,	(4)	(D)	Date		Expiration	Amou or Numb of									

## **Explanation of Responses:**

- 1. Restricted stock units granted pursuant to the issuer's long-term incentive plan.
- 2. Includes restricted stock units.

/s/ Trent N. Tappe, as Attorney-in-Fact

01/07/2025

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.