SEC Form 4	
FORM	4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## 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

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response: 0								

1. Name and Address of Reporting Person <sup>*</sup> Mink Kim Ann					2. Issuer Name and Ticker or Trading Symbol <u>AVIENT CORP</u> [ AVNT ]										k all app Direc	ionship of Reporting all applicable) Director Officer (give title below)		10% O	wner
(Last) (First) (Middle) AVIENT CORPORATION				3. Date of Earliest Transaction (Month/Day/Year) 12/31/2024											Other ( below)				
33587 WALKER ROAD (Street) AVON LAKE OH 44012					4. If Amendment, Date of Original Filed (Month/Day/Year)								<ul> <li>6. Individual or Joint/Group Filing (Check Applicable Line)</li> <li>Form filed by One Reporting Person Form filed by More than One Reporting</li> </ul>						
(City)	(Si	tate) (Z	Zip)												Perso	n			
		Table	I - No	n-Deriva	ative S	Secur	ities	Acq	uired,	Dis	posed of	f, or B	ene	ficiall	y Own	ed			
1. Title of Security (Instr. 3) Date (Month/Date)					Execution Da		Date,	3. Transaction Code (Instr. 8)					A) or , 4 and	5. Amount of Securities 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) Pri		rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 12				12/31/	12/31/2024				Α		955	A		\$ <mark>0</mark>	30,430.374(1)			I	Deferred Comp Plan
		Tal									osed of, onvertit				Owne	d			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Tran Security or Exercise (Month/Day/Year) if any Cod		Transa Code (I	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)			Amount of Securities		De Se (In	Price of privative curity estr. 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)		

Date

Exercisable

Expiration

Date

Explanation of Responses:

1. Includes shares acquired pursuant to a dividend reinvestment feature of the Avient Corporation Deferred Compensation Plan for Non-Employee Directors.

v

(A) (D)

Code

<u>/s/ Robert K. James, Power of</u> <u>Attorney for Kim Ann Mink</u> 01/03/2025

\*\* Signature of Reporting Person Date

Number

Shares

of

Title

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.