FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	Filed	pursuant to Section 16(a) of the Securities E or Section 30(h) of the Investment Compar

	tion 1(b).			Fi	iled pur oı	suant t Sectio	o Sec on 30(ction 16 (h) of th	(a) of the	ne Seci tment (urities Exchan Company Act	nge Act of of 1940	f 1934			Ľ	louis per res	эропъе.		0.5	
Name and Address of Reporting Person* Beggs Jamie A.					2. Issuer Name and Ticker or Trading Symbol AVIENT CORP [AVNT]									ationship o k all applic Directo	able)	,			to Issuer % Owner		
(Last) AVIENT	nst) (First) (Middle) /IENT CENTER				3. Date of Earliest Transaction (Month/Day/Year) 08/24/2023								X	Officer below)			Other (specify below)				
33587 WALKER ROAD					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								. Individual or Joint/Group Filing (Check Applica ine)					icable		
(Street) AVON L	AKE O	Н	44012											X Form filed by One Reporting Perso Form filed by More than One Repo Person						ng	
(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.															
		Tal	ole I -	Non-Deri	ivativ	e Sec	curit	ties A	cquir	ed, D	isposed o	of, or B	enefici	ally	Owned						
Date			2. Transact Date (Month/Day		Execu	Deemed ecution Date, ny onth/Day/Year)		3. Transaction Code (Instr. 8)						Amount of curities neficially ned Follov	ving	6. Owners Form: Dire (D) or Indi (I) (Instr. 4	ect In rect Be	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)					(Instr. 4)		
Common	Stock													1	12,602.087		12,602.087		I	Supplemental Plan ⁽¹⁾	
Common	mmon Stock 08/24/202			023	!3			M		40,000	A	(2)		42,727 ⁽³⁾		D					
Common	Stock			08/24/2	023				F		18,950(4)	D	\$36.96		23,777		D	D			
			Table								sposed of, , converti				wned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed ition Date, h/Day/Year)	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Insti 3, 4 and 5)		Expi	nte Exer ration I nth/Day		7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4)		ty (I	B. Price of Derivative Security Instr. 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)	Date Exer	cisable	Expiration Date	Title	Amou or Numb of Share	er									

Explanation of Responses:

Restricted

Stock

Units

1. The information in this report is based on a plan statement as of August 24, 2023.

08/24/2023

- 2. Each restricted stock unit represents a contingent right to receive one share of Avient common stock.
- 3. Includes dividend equivalents earned with respect to the vested restricted stock units.
- 4. Represents shares of Avient common stock that were withheld solely to satisfy the tax withholding obligation applicable to the vesting of restricted stock units on August 24, 2023.

(A) (D)

40,000

08/24/2023

Lisa K. Kunkle, Power of Attorney for Jamie A. Beggs

40,000

(2)

Stock

08/24/2023

08/28/2023

0

D

** 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.