FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Washington, I | D.C. 20549 |
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person*     Osherova Maria                                                                                     |                                                                        |       |        |                                        |                                                             | 2. Issuer Name and Ticker or Trading Symbol Warner Music Group Corp. [ WMG ] |                                                                                        |                                                                                         |                                                                                           |       |          |                                                                                                  |      |                             | ck all app                                                                                                                                         | licable)                                                                                                                   | ng Person(s) to<br>10% (<br>Other    |                                                                          |                                                                    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------|--------|----------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------|----------|--------------------------------------------------------------------------------------------------|------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| (Last) (First) (Middle) C/O WARNER MUSIC GROUP CORP. 1633 BROADWAY                                                                           |                                                                        |       |        |                                        | 3. Date of Earliest Transaction (Month/Day/Year) 01/04/2023 |                                                                              |                                                                                        |                                                                                         |                                                                                           |       |          |                                                                                                  |      | - X                         | X Officer (give title below)  EVP, Chief Human Res. Officer                                                                                        |                                                                                                                            |                                      |                                                                          |                                                                    |  |
| (Street) NEW YORK NY 10019 (City) (State) (Zip)                                                                                              |                                                                        |       |        |                                        |                                                             | 4. If Amendment, Date of Original Filed (Month/Day/Year)                     |                                                                                        |                                                                                         |                                                                                           |       |          |                                                                                                  |      | Line)                       | Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person |                                                                                                                            |                                      |                                                                          |                                                                    |  |
|                                                                                                                                              |                                                                        | Table | I - No | n-Deriva                               | tive S                                                      | Secu                                                                         | rities                                                                                 | Acq                                                                                     | uired                                                                                     | , Dis | posed of | , or I                                                                                           | Bene | ficial                      | ly Own                                                                                                                                             | ed                                                                                                                         |                                      |                                                                          |                                                                    |  |
| 1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day                                                                                |                                                                        |       |        |                                        | Execution Date,                                             |                                                                              |                                                                                        | 3.<br>Transaction<br>Code (Instr. 8)  4. Securities Acquired Disposed Of (D) (Instr. 5) |                                                                                           |       |          |                                                                                                  |      | Securi<br>Benefi<br>Owned   | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported                                                                          |                                                                                                                            | n: Direct<br>or Indirect<br>ostr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                      |                                                                    |  |
|                                                                                                                                              |                                                                        |       |        |                                        |                                                             |                                                                              |                                                                                        |                                                                                         |                                                                                           | v     | Amount   | (A)<br>(D)                                                                                       | or F | Price                       | Transa                                                                                                                                             | action(s)<br>3 and 4)                                                                                                      |                                      |                                                                          | (Instr. 4)                                                         |  |
| Class A Common Stock 01/04/20                                                                                                                |                                                                        |       |        |                                        | 2023                                                        |                                                                              |                                                                                        |                                                                                         | Α                                                                                         |       | 12,518   | A \$0.00                                                                                         |      | <b>5</b> 0.00 <sup>(1</sup> | 0(1) 29,844(2)                                                                                                                                     |                                                                                                                            |                                      | D                                                                        |                                                                    |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |                                                                        |       |        |                                        |                                                             |                                                                              |                                                                                        |                                                                                         |                                                                                           |       |          |                                                                                                  |      |                             |                                                                                                                                                    |                                                                                                                            |                                      |                                                                          |                                                                    |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                                                                                          | erivative Conversion Date Executity or Exercise (Month/Day/Year) if an |       | if any | emed tion Date, Transacti Code (Ins 8) |                                                             | Instr.                                                                       | 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)  Date Expiratio Exercisable Date |       |          | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Ins<br>3 and 4) |      | D S (III                    | Price of<br>erivative<br>ecurity<br>nstr. 5)                                                                                                       | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) |                                      | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |

## **Explanation of Responses:**

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

## Remarks:

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

01/06/2023

\*\* 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.