

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 and Address of Reporting Person * | | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|---|-------------------|---|---------------------------------|--|-------------|-------------------------------|---|---------|--|---|---|--|--|-------------|-------------------------|
| e coper emilionia Et | | | | | Veritiv Corp [VRTV] | | | | | | | X Director | nicaoic) | 100 | 6 Owner | |
| (Last) (First) (Middle) | | | | 3. Г | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | Officer (give title below) Other (specify below) | | | | | |
| 1000 ABERNATHY ROAD NE, BUILDING 400, SUITE 1700 | | | | | 5/4/2022 | | | | | | | | | | | |
| 1(2, 501251 | (Stree | | 1700 | 4. It | f Am | nendment | t, Date O | riginal | Filed | (MM/D | D/YYYY) | 6. Individual o | or Joint/G | roup Filing | Check Appl | icable Line) |
| ATLANTA, GA 30328 (City) (State) (Zip) | | | | | | | | | | | | _X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | | Table I - N | on-Deri | ivati | ve Secur | ities Ac | quired, | Disp | osed o | f, or Ben | eficially Owne | d | | | |
| 1.Title of Security (Instr. 3) | | | 2. Tra | | Execu | | . Trans. Co Instr. 8) | or (In | Dispos | ties Acquised of (D 4 and 5) (A) or (D) |) F _{(I} | . Amount of Securiti ollowing Reported T instr. 3 and 4) | | | | Beneficial Ownership |
| | Tab | le II - Deri | ivative Sec | urities I | Bene | eficially (| Owned (| <i>e.g.</i> , pu | ıts, ca | alls, wa | nrrants, o | options, conver | tible secu | ırities) | , | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Trans. Date | 3A. Deemed Execution Date, if any | 4. Trans. Code (Instr. 8) | Derivativ | | Securities A) or of (D) | 6. Date Exercisable and Expiration Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security | 9. Number of derivative Securities Beneficially Owned Following | Ownership Form of Derivative | Beneficial | |
| | becurity | | | Code | V | (A) | (D) | Date Exercisal | | xpiration ate | Title | Amount or Number of Shares | | Reported Transaction(s) (Instr. 4) | or Indirect | |
| Phantom Stock | <u>(1)</u> | 5/4/2022 | | A | | 933 | | (2) | | <u>(2)</u> | Common Stock | 933 | \$0 | 17522 | D | |

Explanation of Responses:

- (1) Each share of phantom stock is the economic equivalent of one share of Veritiv Corporation common stock.
- (2) Shares of phantom stock are fully vested and non-forfeitable on the grant date and shall be paid to the reporting person in shares of Veritiv Corporation common stock on the elected distribution date under the Veritiv Corporation Deferred Compensation Savings Plan.

Reporting Owners

| Paparting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| Cooper Shantella E. 1000 ABERNATHY ROAD NE BUILDING 400, SUITE 1700 ATLANTA, GA 30328 | X | | | | | | | |

Signatures

/s/ Mark W. Hianik, Attorney-in-Fact for Shantella E. Cooper

5/6/2022

**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 control number.