FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20049

| Check this box if no longer subject to | STATEMENT OF C |
|--|---------------------|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to S |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 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

| 1. Name and Address of Reporting Person* Mancione Michael J | | | | | 2. Issuer Name and Ticker or Trading Symbol Koppers Holdings Inc. [KOP] | | | | | | | | | (Ch | eck all app | tionship of Reportin all applicable) Director Officer (give title | | 10% C | | |
|--|---|----------------|------------------------------|---|---|--|---------|------|---|----------|---------------------|--|---|--|---------------------------|---|---|-------|---|--|
| (Last) 436 SEV | (F ENTH AV | rst) (ENUE | | 3. Date of Earliest Transaction (Month/Day/Year) 01/11/2010 | | | | | | | | | helo | below) | | below) North America | | | | |
| (Street) PITTSBU (City) | JRGH PA | | 15219 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | e) <mark>X</mark> Forn | or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son | | | | |
| | | Tabl | e I - Non | -Deriv | ative | Sec | curitie | s Ac | quired, | Dis | posed o | f, or E | 3ene | ficial | ly Own | ed | | | | |
| Date | | | | | | 2A. Deemed Execution Date if any (Month/Day/Ye | | | Code (Instr. | | | | | | Secur Benef | cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A (D |) or) | Price | Transa | action(s) 3 and 4) | | | (1130.4) | |
| Common Stock ⁽¹⁾ 01/ | | | | | 1/2010 | 2010 | | A | | 2.2395 A | | A | \$ <mark>0</mark> | 8,4 | 8,480.3728 | | | | | |
| | | Та | ible II - D (e | | | | | | | | sed of, onvertib | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year) | | 4. Transa Code (8) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4) Amount or Number of Title Shares | | unt | s. Price of Derivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Own Form Direc or In (I) (Ir | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

Explanation of Responses:

1. The reporting person was credited with additional time-based restricted stock units pursuant to a dividend equivalence feature of the issuer's restricted stock unit plan.

/s/ Steven R. Lacy, Attorneyin-Fact

01/13/2010

Date

** Signature of Reporting Person

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.