FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| OMB A | PPROVAL |
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| OMB Number: | 3235-0287 |
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hours per response:

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | | | | | | | | | | | · · | | | | | | | | | | |
|--|---|-------------|---|----------|---|--|---|-------|--|-----|---------------------|---|-----------------|----------------------|---|--|---|---|---|--|--|
| 1. Name and Address of Reporting Person* Schaming M Claire | | | | | | 2. Issuer Name and Ticker or Trading Symbol Koppers Holdings Inc. [KOP] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| <u>SCHailli</u> | iig ivi Ci | <u>arre</u> | | ropper | | | | L-L | | | | | | | | Direc | | | 10% O | | |
| (I act) | /= | 3. Da | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | X | Office belov | er (give title v) | | Other (specify below) | | | | | |
| (Last) (First) (Middle) 436 SEVENTH AVENUE | | | | | | | 11/10/2006 | | | | | | | | | Tre | asurer & A | Assist. | . Secretar | y | |
| 430 3E V | ENTIL AV | LIVOL | | | | | | | | | | | | | | | | | | | |
| (Street) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| PITTSBURGH PA 15219 | | | | | | | | | | | | | | X | Form | Form filed by One Reporting Person | | | | | |
| | | | | | | | | | | | | | | | | Form filed by More than One Reporting | | | | | |
| (City) | (State) (Zip) | | | | | | | | | | | | | | Person | | | | | | |
| | | Tab | le I - Nor | า-Deriva | ative | Sec | curitie | s Acc | quired, | Dis | posed o | f, or | Bene | eficia | ally | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispos | | Disposed | ities Acquired (A) d Of (D) (Instr. 3, | | | 4 and Se Be Ov | | ecurities eneficially wned Following | | vnership n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (| A) or D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (111511.4) | |
| Common Stock 11/10 | | | | 2006 | | | S ⁽¹⁾ | | 5,000 |) | D | \$21.5 | | 119,029 | | | D | | | | |
| | | Ta | able II - I | | | | | | | | sed of, onvertib | | | | y Ov | vned | | , | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deem Execution if any (Month/Da | Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | | vative urity r. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Ownership Form: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | de V | (A) | | Date Exercisa | | expiration | Title | or | ount nber res | | | | | | | |

Explanation of Responses:

 $1. \ Sale\ reported\ was\ effected\ pursuant\ to\ a\ Rule\ 10b5-1\ trading\ plan\ adopted\ by\ the\ reporting\ person\ on\ August\ 30,\ 2006.$

/s/ Steven R. Lacy, Attorneyin-Fact

11/14/2006

** 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.