FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | IVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

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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).

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

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|---|-------|----------|---|---|---------------------------|-------|--|---|-------|---------------|---|------|---|---|-------------|------------------------------|---|--|---|------------------------------------|---|--|--|
| 1. Name and Address of Reporting Person* <u>Hyde Leslie S</u> | | | | | | | 2. Issuer Name and Ticker or Trading Symbol Koppers Holdings Inc. [KOP] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| | | | | | | | | | | | | | | | | | | Direc | tor | | 10% C |)wner | |
| | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | | Office | er (give title v) | | Other below) | (specify | |
| (Last) (First) (Middle) | | | | | | | 09/22/2017 | | | | | | | | | | VP, Risk Management, Deputy GC | | | | | | |
| 436 SEVENTH AVENUE | | | | | | | | | | | | | | | | | ,,,,, | | | | | | |
| (Street) | | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| PITTSBU | IRGH | PA 15219 | | | | | X Form filed b | | | | | | | | | n filed by One | d by One Reporting Person | | | | | | |
| 1111500 | JRGII | 111 | 10210 | | | | | | | | | | | | | | Form filed by More than One Reporting | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | Person | | | | | | |
| | | | Table | e I - Nor | -Deriv | ative | Se | curiti | es Ac | quir | ed, C | Disp | osed o | f, or | Ben | eficia | ally C |)wne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Co | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and Secur Benef Owne | | cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | Co | ode | v | Amount | (A (I | A) or O) | Price | . 1 | Reported Transaction(s) (Instr. 3 and 4) | | | | (111501.4) | |
| Common Stock 09/22/ | | | | | | | 2017 | | | S | S ⁽¹⁾ | | 1,800 |) | D | \$43 | | 3 19,927.4181 | | I |) | | |
| | | | Та | ble II - D | | | | | | | • | • | sed of, onvertib | | | | y Ow | ned | | | | | |
| Derivative Conversion Date | | | . Transaction ate Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | n Date, Transa Code (i | | Instr. | | | Expir (Mon | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount of Number of Title Shares | | ount nber | t | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ow For Dire or I (I) (| nership m: ect (D) ndirect Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. Sale reported was effected pursuant to Rule 10b5-1 trading plan adopted by the reporting person on May 22, 2017.

Remarks:

/s/ Steven R. Lacy, Attorney-

in-Fact

** Signature of Reporting Person Date

09/26/2017

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$

- * 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.