FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average I | hurden | | | | | | | | |

0.5

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

| 1. Name and Address of Reporting Person* <u>Tritch Stephen R</u> | | | | | | | 2. Issuer Name and Ticker or Trading Symbol Koppers Holdings Inc. [KOP] | | | | | | | | | | | | o of Reporting Person(s) to Is plicable) etor 10% O | | | | |
|---|--|--|---|-------|------------------------------|---|--|-------------------------------------|-------------|--|---|---|---|--------|---------------|----------------------------|----------------------|--|---|--|--|------------|--|
| (Last) (First) (Middle) 436 SEVENTH AVENUE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/30/2015 | | | | | | | | | | | Office | icer (give title | | Other below) | (specify | | |
| (Street) PITTSBURGH PA 15219 (City) (State) (Zip) | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | . Indiv ine) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Da | | | | | | Execution (ay/Year) if any | | | ution Date, | | 3. Transaction Code (Instr. 8) 4. Securi Disposed 5) | | ities Acquired (A) d Of (D) (Instr. 3, | | | 4 and Secu Bene Owne | | cially d Following | Form: | nership Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | | | v | Amount | | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock ⁽¹⁾ 11/30/ | | | | | | /2015 | 2015 | | | | S | | 6,381 | L D \$ | | \$22 | .68 | 3 21,892 | | | D | | |
| | | | Ta | | | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | | |
| Derivative Conversion Date Executive Security or Exercise (Month/Day/Year) if any | | | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transa Code (8) | | of Of Del Sec (A) Dis of (Ins | sposed (D) (str. 3, 4 d 5) | E (r | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amour or Numbe of Title Shares | | | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ov Fo Di or (I) | wnership orm: rect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$22.46 to \$22.92, inclusive. The reporting person undertakes to provide to the Securities and Exchange Commission, the issuer or any security holder of the issuer, upon request, full information regarding the number of shares sold at each separate price.

Remarks:

/s/Steven R. Lacy, Attorney-in-12/01/2015

<u>Fact</u>

** 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.