Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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| Check this box if no longer subject | STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|-------------------------------------|------------------------------------|------------------|
| to Section 16. Form 4 or Form 5 | | |
| obligations may continue. See | | |

OMB APPROVAL 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* $ \underline{Apostolou\ Stephanie\ L} $ | | | | | 2. Issuer Name and Ticker or Trading Symbol Koppers Holdings Inc. [KOP] | | | | | | | | | | ck all app Direc | tionship of Reportir all applicable) Director Officer (give title below) General Count | | 10% O | wner specify |
|--|---|-------|---------------------------------|---|---|--|---------------------------|---|-----------------|------|---|---------|---------------------------|--|---|---|--|--|-----------------|
| (Last) (First) (Middle) 436 SEVENTH AVENUE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/04/2021 | | | | | | | | | below | below) | | | | |
| (Street) PITTSBI | URGH PA | | 15219 Zip) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benef | iciall | y Own | ed | | | |
| Date | | | 2. Transac Date (Month/Da | | Exec if an | Deemed ecution Date, ny onth/Day/Year) | | 3. 4. Securities Transaction Disposed Of Code (Instr. 8) 5) | | | | | and Securit Benefic | | ies ially 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 Pr | ice | Transac (Instr. 3 | ction(s) | | | (111501.4) |
| Common | Stock ⁽¹⁾ | | | 01/04/2 | 01/04/2021 A 5,026 A \$0.00 19,66 | | 19,66 | 9.8708(2) | | D | | | | | | | | | |
| | | Ta | | | | | | | | | osed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any | | ion Date, | 4. Transaction Code (Instr. 8) | | of Deriv | r osed) r. 3, 4 | 6. Date Expirati (Month/ | ion Da | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | De Se (In | Price of erivative ecurity istr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Numb of Share | | | | | | |

Explanation of Responses:

- 1. The reporting person was awarded time-based restricted stock units on January 4, 2021, which will vest in annual installments of 25 percent over four years.
- 2. Includes 1,278 shares of Koppers Holdings Inc. common stock acquired pursuant to the Koppers Holdings Inc. Employee Stock Purchase Plan on March 31, 2020, June 30, 2020 and September 30, 2020. These acquisitions were exempt under both Rule 16b-3(c) and Rule 16b-3(d).

Remarks:

/s/Stephanie L. Apostolou

01/06/2021

** 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.