SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

OMB Number: 3235-0104 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*       2. Date of Event Requiring Statement (Month/Day/Year)         Dietz James T       12/01/2006		3. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Koppers Holdings Inc.</u> [ KOP ]					
(Last) (First) (Middle) 436 SEVENTH AVENUE		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)		
	_	X Officer (give title below)	Other (specify below)	6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street)		VP, European Ope	rations-Desig.	X	X Form filed by One Reporting Person		
PITTSBURGH PA 15219					Form filed b Reporting P	y More than One erson	
(City) (State) (Zip)							
	Table I - Non-Deri	vative Securities Benefici	ally Owned				
1. Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership Instr. 5)		
Common Stock		19,376	D				
		ative Securities Beneficial arrants, options, convertit					
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable Expiration Date (Month/Day/Year)	and 3. Title and Amount of Sec Underlying Derivative Sec	urity (Instr. 4) Con or E	version	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Explanation of Responses:	Date Expir Exercisable Date	ation Title	Amount Deri	e of ivative urity			

/s/ James T. Dietz

<u>12/06/2006</u> Date

\*\* Signature of Reporting Person

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

 $^{\ast}$  If the form is filed by more than one reporting person, see Instruction 5 (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.