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*  Fenwick Douglas J  2. Date of Event Requiring Statement (Month/Day/Year) 05/04/2017			nent	3. Issuer Name <b>and</b> Ticker or Trading Symbol  Koppers Holdings Inc. [ KOP ]								
(Last) 436 SEVENTI	(First) H AVENUE	(Middle)	3/04/2017			Relationship of Reporting Personeck all applicable)  Director  Officer (give title	on(s) to Issuer  10% Owner Other (specify		5. If Amendment, Date of Original Filed (Month/Day/Year) 05/09/2017			
(Street) PITTSBURGE (City)	H PA (State)	15219 (Zip)			VP, Performance C		below) hemicals		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person			
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						nt of Securities ally Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						4,050(1)	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable Expiration Date (Month/Day/Year)  Date Expiration Date		ate	and 3. Title and Amount of Securi Underlying Derivative Securi		ty (Instr. 4) Cor		nversion Exercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Expiration Date	n Title		Amount or Number of Shares	Price of Derivative Security		Direct (D) or Indirect (I) (Instr. 5)			

## **Explanation of Responses:**

1. These shares include an additional 3,332 shares that were omitted from the reporting person's original Form 3.

## Remarks:

/s/Steven R. Lacy, Attorney-in-03/05/2018

**Fact** 

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.