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* Mancione Michael J 2. Date of Event Requiring Statement (Month/Day/Year) 11/01/2006		nent	3. Issuer Name and Ticker or Trading Symbol Koppers Holdings Inc. [KOP]									
(Last) 436 SEVENT	(First) (Middle) EVENTH AVENUE			Relationship of Reporting Person(s) to Iss (Check all applicable) Director 10% Ow		on(s) to Issue	(Month/Day/Year)			ate of Original Filed		
(Street) PITTSBURG	н ра	15219	-			Officer (give title below) VP, CM&C - North	Other (specify below) n America		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)								.,,,,,		
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					ınt of Securities ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock					6,668	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 a Expiration Date (Month/Day/Year)		ate	Underlying Derivative Security (Instr. 4) Convo		Conve or Exe	rcise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)				
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price of Deriva Securi	tive	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

/s/ Michael J. Mancione

12/05/2006

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ 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).