FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | VAL |
|---|-------------------------|-----------|
| | OMB Number: | 3235-0287 |
| l | Estimated average burde | en |
| | hours per response: | 0.5 |

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>Baldwin Cynthia A</u> | | | | | | | 2. Issuer Name and Ticker or Trading Symbol Koppers Holdings Inc. [KOP] | | | | | | | | | nship of Reporti applicable) pirector | ng Perso | g Person(s) to Issuer 10% Owner | |
|-------------------------------------------------------------------|----------------------------------------------------------------------|-----|------------------|----------------------------|--------|-------------------------------------------------------------|---------------------------------------------------------------------------|-------|-------------------|----------------------------------------------------------------|---------------------|-------|---------------------------------------------------------------------------------------------------|--------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------|
| (Last) 436 SEV | Last) (First) (Middle) 36 SEVENTH AVENUE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/22/2015 | | | | | | | | | | Officer (give title elow) | | Other (specify below) | |
| (Street) PITTSBURGH PA 15219 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ne) <mark>X</mark> F | I or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson | | | |
| | | Tal | ole I - Noi | n-Deriv | /ative | Sec | curitie | s Acc | quired, | Dis | posed o | f, or | Bene | eficia | ally Ov | vned | | | |
| Date | | | | 2. Trans Date (Month | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Disposed Code (Instr. 5) | | | | | nd Se Be Ov | Amount of curities neficially vned Following ported | 6. Own Form: (D) or I (I) (Inst | Direct ndirect | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | () | A) or O) | Price | Tra | nsaction(s) str. 3 and 4) | | | (Instr. 4) |
| Common | Stock ⁽¹⁾ | | | 04/2 | 2/2015 | 5 | | | A | | 52 | | Α | \$(|) | 10,157 |] | D | |
| | | 1 | able II - I (| | | | | | | | sed of, onvertib | | | | y Own | ed | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercis Price of Derivative Security | | if any | ecution Date, iny | | Transaction Code (Instr. | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price Derivati Security (Instr. 5 | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | nership rm: ect (D) Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | of Sha | res | | | | | |

Explanation of Responses:

1. The reporting person was credited with additional time-based restricted stock units pursuant to a dividend equivalence feature of the Issuer's Amended and Restated 2005 Long Term Incentive Plan.

/s/ Steven R. Lacy, Attorneyin-Fact

04/22/2015

** 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.