FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	PROVAL
OMB Number:	3235-0287

0.5

OF CHANGES IN BENEFICIAL OWNERSHIP	Estimated average burden
suant to Section 16(a) of the Securities Exchange Act of 1934	hours per response:

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 193 or Section 30(h) of the Investment Company Act of 1940

											<u> </u>									
1. Name and Address of Reporting Person*						2. Issuer Name <b>and</b> Ticker or Trading Symbol  Koppers Holdings Inc. [ KOP ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
ZUGAY MICHAEL						Troppers troidings mer [ 101 ]								Directo			10% Ov	· I		
							Date of Earliest Transaction (Month/Day/Year)								Officer (give title below)		Other (s below)	specify		
(Last) (First) (Middle)						03/01/2016								Chief Financial Officer						
436 SEVENTH AVENUE																				
(0)							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) PITTSBURGH PA 15219													X Form filed by One Reporting Person							
				_									Form filed by More than One Reporting							
(City) (State) (Zip)													Person							
		Tal	ole I - Nor	n-Deri	ivativ	e Se	curitie	s Ac	quired,	Disp	osed o	f, or Be	neficial	y Owned						
1. Title of Security (Instr. 3)  2. Transa Date (Month/L				nsactio	n	ed 1 Date,	3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3, 4									7. Nature of Indirect				
				(Month/Day/Year)		'ear)			Code (Instr.				o, 4 and	Beneficia	Beneficially (D)		(D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
									·   -	<del>                                     </del>		(A) or		Reported						
									Code	V	Amount	(A) o (D)	Price	(Instr. 3 a						
Common Stock <sup>(1)</sup> 03/01					01/20	/2016		A		4,926	A	\$0.0	) 19,	9,906		D				
			Table II -	Deriv	ative	Sec	urities	Acqı	uired, D	ispo	sed of,	or Ben	eficially	Owned						
				(e.g.,	puts,	, call	s, warr	ants	, option	s, c	onvertib	ole secu	ırities)					-		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		Derivative Securities Acquired (A) or		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ect (Instr. 4)		
							Disposed of (D) (Instr. 3, 4 and 5)								Reported Transacti (Instr. 4)					
					Cada	v	(0)		Date		Expiration	Tidle	Amount or Number of							
		<u> </u>		-	Code	٧	(A)	(D)	Exercisable	#   L	Date	Title	Shares					_		
Employee Stock Options (Rights to	\$18.11	03/01/2016			A		18,061		03/01/2017	(2)	03/01/2026	Common Stock	18,061	\$0.00	18,06	i1	D			

## **Explanation of Responses:**

- 1. The reporting person was awarded time-based restricted stock units on March 1, 2016, which will vest in annual installments of 25 percent over four years.
- 2. The reporting person was granted stock options on March 1, 2016, which will vest in annual installments of 25 percent over four years.

## Remarks:

/s/ Steven R. Lacy, Attorney-in-Fact 03/02/2016

\*\* 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 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.