FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D C	20540
vasilington,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average burden											
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>Apostolou Stephanie L</u>					2. Issuer Name and Ticker or Trading Symbol Koppers Holdings Inc. [KOP]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) 436 SEV	(F ENTH AV	ŕ	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/12/2023								X Officer (give title below) Other (specify below) General Counsel & Secretary				
(Street)	JRGH PA	A	15219		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Lin	ndividual or Joint/Group Filing (Check Applicable a) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate) ((Zip)		Ru	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
		Tabl	e I - Nor	n-Deriv	ative	Sec	uritie	es Ac	quired,	Dis	posed o	of, or Be	neficia	lly Owne	d			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution D			Code (I	ransaction Dispose ode (Instr. 5)		rities Acquired (A) o ed Of (D) (Instr. 3, 4		Benefic Owned	es ially Following	6. Owner Form: Dir (D) or Ind (I) (Instr.	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	Amount (A) or (D)		Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemd Execution if any (Month/Da	Date,	4. Transa Code (8)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ow For Dire or I (I) (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares					
Dividend Equivalent Rights	(1)	12/12/2023			A		102		(1)		(1)	Common Stock	102	\$0	170		D	

Explanation of Responses:

1. The dividend equivalent rights ("DERs") accrued with respect to additional time-based and performance-based restricted stock units ("RSUs" and "PSUs", respectively) credited to the reporting person. Of this total, 82 DERs accrued with respect to RSUs granted on March 3, 2020, January 4, 2021, January 4, 2022, and January 4, 2023, and 20 DERs accrued with respect to PSUs granted on January 4, 2021 and January 4, 2022. Each DER is the economic equivalent of one share of Koppers Holdings Inc. common stock.

/s/Stephanie L. Apostolou

12/14/2023

** Signature of Reporting Person

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.