Edgar Filing: Koppers Holdings Inc. - Form 4

| Koppers Hol | dings Inc. | | | | | | | | | |
|--|-----------------------------------|--|--|---|---|--|---------|---|--|---|
| Form 4 | 2014 | | | | | | | | | |
| February 20, | | | | | | | | | OMB A | PPROVAL |
| FORM | 14 UNIT | ED STATE | | ITIES A hington, | | | NGE | COMMISSION | | 3235-0287 |
| Check thi if no long subject to Section 1 Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b). | 6. r Filed ns Section | DF CHAN Section 10 Public Ut | CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES ection 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section of the Investment Company Act of 1940 | | | | | | January 31, 2005 Estimated average burden hours per response 0.5 | |
| (Print or Type F | Responses) | | | | | | | | | |
| 1. Name and A Hyde Leslie | Symbol | 2. Issuer Name and Ticker or Trading Symbol Koppers Holdings Inc. [KOP] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) | (First) | (Middle) | •• | Earliest Tr | _ | - | | (Chec | k all applicable | e) |
| 436 SEVEN | (Month/D | (Month/Day/Year) 02/18/2014 | | | | Director 10% Owner X Officer (give title below) Other (specify below) Vice President, Safety and Env | | | | |
| | | | | If Amendment, Date Original iled(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | |
| PITTSBUR | GH, PA 1521 | 9 | | | | | | Form filed by M Person | Iore than One Re | eporting |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative S | Securi | ties Ac | quired, Disposed of | f, or Beneficial | ly Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction (Month/Day/Y | ear) Execut any | eemed tion Date, if h/Day/Year) | 3. Transactio Code (Instr. 8) Code V | 4. Securi onAcquired Disposed (Instr. 3, Amount | (A) o of (D |) | Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common Stock (1) | 02/18/2014 | | | А | 1,100 | А | \$0 | 20,380.3746 | D | |

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

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 control number.

 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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. Number out Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|--|--|--|--------------------|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Employee Stock Options (Rights to Buy) | \$ 37.93 | 02/18/2014 | | A | 4,096 | 02/18/2017 | 02/18/2024 | Common Stock | 4,096 |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|------------|--------------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Hyde Leslie S 436 SEVENTH AVENUE PITTSBURGH, PA 15219 | | | Vice President, Safety and Env | | | | |
| Signatures | | | | | | | |
| /s/ Steven R. Lacy, Attorney-in-Fact | | 02/20/2014 | | | | | |
| <u>**</u> Signature of Reporting Person | | Date | | | | | |

Explanation of Responses:

* 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).

(1) The reporting person was awarded time-based restricted stock units, which will vest on February 18, 2017.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.