FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
OMB Number:	3235-028

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 S	Section	on 30(h)	of the I	Investme	nt Coi	mpany Act	of 194	40							
1. Name and Address of Reporting Person* <u>BARRON PATRICIA C</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol QUAKER CHEMICAL CORP [ KWR ]										Check all	nship of Re applicable Director	'			suer	
(Last) (First) (Middle)  QUAKER CHEMICAL CORPORATION					3. Date of Earliest Transaction (Month/Day/Year) 10/01/2008											Officer (give title below)			Other (specify below)	
ONE QUAKER PARK, 901 HECTOR STREET  (Street)  CONSHOUGHEN PA 19428, 080					4. If Amendment, Date of Original Filed (Month/Day/Year)										ne)					
(City)	CONSHOHOCKEN PA 19428-0809  City) (State) (Zip)			809												Form filed by More than One Reporting Person				orting
		Tabl	e I - Nor	n-Deriva	ative	Sec	curitie	s Ac	quired	, Dis	posed o	f, oı	r Ben	eficia	ally Ov	vned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				ar)   E	Executio f any	a. Deemed secution Date, any lonth/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3,			nd Se Be Ov	Amount of curities neficially whed Follow ported	rities   I eficially ed Following		ership Direct ndirect :. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Price	Tra	ansaction(s str. 3 and 4	saction(s)			(Instr. 4)
Common	on Stock 10/01/20				/2008		A		408		A	\$ <mark>0</mark> .	00	15,617		Ι	)			
		Та									sed of, onvertib				y Own	ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	Code (Instr.				6. Date Exercisable an Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price Derivati Security (Instr. 5	derivative Securities	tive ties cially d ing ted action(s	Owi For Dire or li (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 Exercisa		Expiration Date	Title	or Nur of	ount nber ires						

**Explanation of Responses:** 

<u>Irene M. Kisleiko, Attorney-in-</u> Fact for Patricia C. Barron

\*\* 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.