FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | | | |
|--------------|---------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-02 | | | | | | | | | | |

287 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* BERQUIST JOSEPH A | | | | | | 2. Issuer Name and Ticker or Trading Symbol QUAKER CHEMICAL CORP [KWR] | | | | | | | | | | ck all applic Directo | onship of Reporting F all applicable) Director Officer (give title | | on(s) to Issu 10% Ow Other (s | ner |
|--|--|--|---|-------|---|--|---|---------------------------------|--|-----------------------|---|------------------|---|---|------------------------|--|---|---|--|--|
| (Last) (First) (Middle) ONE QUAKER PARK 901 E. HECTOR STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/23/2016 | | | | | | | | | | below) | | | | · |
| (Street) CONSHOHOCKEN PA 19428-2380 | | | | | _ 4. lf | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | <u> </u> | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/L | | | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | . | 3. Transac Code (In 8) | | | | | | 5. Amour Securitie Beneficia Owned F | s ally following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Transact (Instr. 3 a | tion(s) | | | (Instr. 4) |
| Common Stock 02/23/ | | | | | | /2016 | | | | A | | 745 | | A | \$0.00 | 13,408 | | | D | |
| Common Stock | | | | | | | | | | | | | | | 2,6 | 532(1) | | | By 401(k) | |
| | 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. Deemee Execution I if any (Month/Day | Date, | 4. Transa Code (I 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisal Expiration Date (Month/Day/Year) | | | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | 3. Price of Derivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exe | e ercisable | | xpiration ate | Title | or Ni of | umber | | | | | |
| Employee Stock Option (right to | \$72.12 | 02/23/2016 | | | A | | 3,639 | | 02/ | 23/2017 ⁽² | 0 | 2/23/2023 | Commo Stock | ⁿ 3 | ,639 | \$0.00 | 3,639 | | D | |

Explanation of Responses:

- $1.\ Information\ based\ on\ reporting\ person's\ Plan\ Statement\ as\ of\ December\ 31,\ 2015.$
- 2. Stock options granted to reporting person under the Company's 2011 Long-Term Performance Incentive Plan and exercisable in three consecutive annual installments: 1,213 shares on February 23, 2017; 1,213 shares on February 23, 2018; and 1,213 shares on February 23, 2019.

Remarks:

Irene M. Kisleiko, Attorney-in-Fact for Joseph A. Berquist

02/25/2016

** 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.