FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Matrange Joseph F						2. Issuer Name and Ticker or Trading Symbol QUAKER CHEMICAL CORP [KWR]										eck all applic	r		on(s) to Issu 10% Ow Other (s	vner	
(Last) (First) (Middle) AC PRODUCTS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 02/27/2017										below)	Officer (give title below) VP - Global Coa			респу	
13240 BARTON CIRCLE (Street) WHITTIER CA 90605-325					4. If Amendment, Date of Original Filed (Month/Day/Year)										Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Si		(Zip)	. Dori	votiv				0011	iirod	Dia	2004 0	f or l		oficial	ly Owner	<u> </u>				
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Trans Date (Month/					saction		2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transac Code (li	ction	4. Securit Disposed 5)	ies Acc	quired	(A) or	5. Amou Securitie Benefici	nt of es ally	Form	: Direct	7. Nature of Indirect Beneficial Ownership	
								-		Code	v	Amount	(A (D	a) or	Price	Reporte Transac (Instr. 3	tion(s)			Instr. 4)	
Common Stock 02					27/201	7				F		171(1)	<u> </u>		\$134.	6 1,4	+		D		
Common Stock					27/201				A		247	A		\$0.00) 1,	1,660		D			
Common Stock																3,2	3,214(3)		I	By Living Trust	
Common Stock																30	304(4)			By 401(k)	
		-	Гable II -									osed of, onvertil				Owned			,		
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/Day	d Date,	4. Transaction Code (Instr. 8)		5. Num	6. E	Date Exe piration I onth/Day	rcisa Date	ble and	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Dat Exe	te ercisable		expiration Date	Title		Amount or Number of Shares						
Employee Stock Option (right to buy)	\$134.6	02/27/2017			A		1,287		02/:	27/2018 ⁽	5))2/27/2024	Comm		1,287	\$0.00	1,287	,	D		

Explanation of Responses:

- 1. Shares surrendered by reporting person to satisfy withholding tax obligation upon vesting of restricted stock granted on February 27, 2014 under the Company's 2011 Long-Term Performance Incentive Plan.
- 2. The last Form 4, as filed on November 3, 2016, and amended Form 4, as filed on December 2, 2016, inadvertently listed 1,163 shares held through indirect ownership as direct ownership.
- 3. Includes 3 shares acquired in Company's Dividend Reinvestment Plan on January 31, 2017.
- 4. Information based on reporting person's Plan Statement as of December 31, 2016.
- 5. Stock options granted to reporting person under the Company's 2016 Long-Term Performance Incentive Plan and exercisable in three consecutive annual installments: 429 shares on February 27, 2018; 429 shares on February 27, 2019; and 429 shares on February 27, 2020.

Remarks:

Victoria K. Gehris, Attorneyin-Fact for Joseph F. Matrange

03/01/2017

** 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.