FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| wasnington, | D.C. | 20549 |  |
|-------------|------|-------|--|
|             |      |       |  |

| - 1 |                     |           |
|-----|---------------------|-----------|
|     | OMB APP             | ROVAL     |
|     | OMB Number:         | 3235-0287 |
|     | Estimated average b | ourden    |
|     | hours per response: | 0.5       |

| Section obligat   | this box if no long 16. Form 4 or lons may conting tion 1(b).         |  | STAT   |         | d purs  | uant to   | Section                             | on 16(a)                                  | of the Sec                            | curitie                                     | es Exchanç<br>npany Act | ge Ac  | ct of 193         |                        | RSHIP   | Estin   | Numbernated aversiges   | erage burd  | 3235-0287<br>en<br>0.5   |  |
|---|---|--|--|---------|---|---|-------------------------------------|---|---------------------------------------|---|-------------------------|--|-------------------|------------------------|---|---|---|---|--|--|
| Name and Address of Reporting Person*     Nieman Jan  |   |  |  |         | 2. Issuer Name and Ticker or Trading Symbol  QUAKER CHEMICAL CORP [ KWR ] |   |                                     |   |                                       |   |                         |  |                   | Check all ap<br>Dire   | olicable)<br>ctor<br>er (give title                 | Ü   | rson(s) to Issuer<br>10% Owner<br>Other (specify                  |   |  |  |
| (Last) (First) (Middle)  QUAKER CHEMICAL CORPORATION  ONE QUAKER PARK, 901 E. HECTOR STREET |   |  |  |         |   | 3. Date of Earliest Transaction (Month/Day/Year) 04/27/2012   |                                     |   |                                       |   |                         |  |                   |                        | VP & Managing Director - A/P                        |   |   |   |  |  |
| (Street) CONSHOHOCKEN PA 19428-2380 (City) (State) (Zip)                                    |   |  |  |         |   | 4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicab Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person |                                     |   |                                       |   |                         |  |                   | on                     |   |   |   |   |  |  |
|   |   | Tab  | le I - Noi                                     | า-Deriv | ative   | Sec   | uritie                              | s Acc                                     | uired, l                              | Disp  | posed o                 | f, o   | r Ben             | efici                  | ally Own  | ed  |   |   |  |  |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D                                    |   |  |  |         | Execution Date,   |   | Transaction Dispose Code (Instr. 5) |   | Disposed                              | ities Acquired (A)<br>d Of (D) (Instr. 3, 4 |                         |  | nd Secur<br>Benef | icially<br>d Following | Form:<br>(D) or                                     | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |  |  |
|   |   |  |  |         |   |   |                                     | Code                                      | v                                     | Amount                                      | (A) or<br>(D)           |  | Price             | Transaction(c)         |   |   |   |   |  |  |
| Common Stock 04/27  |   |  |  |         |   | 7/2012  |                                     |   | S <sup>(1)</sup>                      |   | 2,500                   | 500 D S  |                   | \$42                   | 2.9 11,931  |   |   | D   |  |  |
|   |   | Ta   |  |         |   |   |                                     |   |                                       |   | sed of, onvertib        |  |                   |                        | y Owned   |   |   |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)   | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution<br>if any<br>(Month/Day | Date,   |   | ransaction<br>Code (Instr.  |                                     | ative<br>rities<br>ired<br>osed<br>. 3, 4 | 6. Date Ex<br>Expiration<br>(Month/Da | Date<br>y/Yea                               | e<br>ar)                | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Ins<br>and 4) |                   | ount                   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | y Di<br>or<br>(I)   | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |   |  |  |         | Code  | l <sub>v</sub>  | (A)                                 |   | Date<br>Exercisab                     |   | Expiration Date         | Title  | of<br>e Sha       | ıres                   |   |   |   |   |  |  |

## **Explanation of Responses:**

1. The sales reported on this Form 4 were effected pursuant to Rule 10b5-1 sales plan adopted by the reporting person on March 12, 2012.

Irene M. Kisleiko, Attorney-in- 05/01/2012 Fact for Jan F. Nieman

\*\* 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.