FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPRO	VAL
OMB Number:	3235-028
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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 OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty	pe Response	es)																	
1. Name and Address of Reporting Person * GENTILCORE JAMES				2. Issuer Name and Ticker or Trading Symbol PQ Group Holdings Inc. [PQG]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director 10% Owner						
_		(First) IOLDINGS INC. DRIVE	(Middle) , 300	3. Date 10/02/			ransact	ion (I	Month/I	Day/Year))	į	X Officer (give title below) Other (specify below) See Remarks			ow)			
MALVE	DM D4 14	(Street)		4. If An	nend	lment, Da	ite Orig	ginal	Filed(M	onth/Day/Ye	ear)		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
MALVE (Cir	RN, PA 19	9355 (State)	(Zip)				Table	I - N	on-Der	ivative So	ecuritie	es Acqui	equired, Disposed of, or Beneficially Owned						
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year) any	ition	ed Date, if ay/Year)	3. Tra Code (Instr.	nsact	tion 4 ((((. Securition A) or Displant. 3, 4	es Acqu posed o and 5)	uired of (D)	d 5. Amount of Securities Beneficially			eneficially d	Ownership Form: I Direct (D) or Indirect (I)		Nature Indirect neficial mership str. 4)
Commor	Stock		10/02/2017				Coo	-		Amount 24,101	(D)	Price \$ 0	324	1,101			(Instr. 4)		
Commor			10,02,2017							21,101			269,895			By I family trust (1)		nily	
	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)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code	tion	5. Num	ber of ive es ed (A) osed of	6. Exp		ercisable a Date		7. Title and of Underly Securities (Instr. 3 ar		ng	8. Price of Derivative Security (Instr. 5)		Owner Form of Derivation Securi Direct or Indi	ship of tive ty: (D)	11. Naturof Indirect Beneficia Ownershi (Instr. 4)
				Code	v	(A)	(D)		te ercisable	Expirat Date	ion	Title		Amount or Number of Shares		(Instr. 4)	(Instr.	4)	
Stock Option (right to buy)	\$ 16.97	10/02/2017		A		92,00	7		(2)	10/02/	/2027	Comm		92,007	\$ 0	92,007	D		
Stock Option (right to buy)	\$ 16.97	10/02/2017		A		163,56	59		(3)	10/02/	/2027	Comm		163,569	\$ 0	255,576	D		

Reporting Owners

		Relationships			
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
GENTILCORE JAMES C/O PQ GROUP HOLDINGS INC. 300 LINDENWOOD DRIVE MALVERN, PA 19355	X		See Remarks		

Signatures

/s/ Joseph S. Koscinski, as attorney-in-fact for James. F. Gentilcore	10/04/2017		
**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).
- Represents shares of common stock held by a family trust. Mr. Gentilcore disclaims beneficial ownership of such securities except to the extent of his pecuniary interest therein, and the filing (1) of this report is not an admission that Mr. Gentilcore is the beneficial owner of such securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.
- (2) This option vests in two equal annual installments beginning on June 30, 2018.
- (3) This option vests in three equal annual installments beginning on October 2, 2018.

Remarks:

Chief Executive Officer, President and Director

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.