## FORM 4

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

OMB APPROVAL
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).

#### 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

		s)													
Name and Address of Reporting Person   Ginns Jonny				2. Issuer Name and Ticker or Trading Symbol PQ Group Holdings Inc. [PQG]					5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner					
(Last) (First) (Middle) C/O PQ GROUP HOLDINGS INC., 300 LINDENWOOD DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 03/23/2018					-	Office	r (give title belo	ow)	Other (specify b	elow)	
(Street)			4. If Ar	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person					
MALVERN, PA 19355 (City) (State) (Zip)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3)		D	Date (Month/Day/Year) a		2A. Deemed Execution Date, if		nsactio			red (A)	· · · · · · · · · · · · · · · · · · ·		6. Ownership Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				(Month/L			le V	/ Amount	(A) or Amount (D) Price				\ /		
Common S	Stock	0	3/23/2018			P		10,699	A \$ 13	3.9739	10,699			D	
Reminder: Re	eport on a s	eparate line for	each class of secu	urities ben	neficially	owned	directly	or indirect	ly.						
Reminder: Re	eport on a s	eparate line for		- Derivati	ive Secur	ities A	F c t	Persons when the form disposed	ho respo in this fo splays a of, or Ber	rm are curren reficiall;	not requ tly valid	uired to res	ormation spond unle trol numbe	SS	1474 (9-02)
1. Title of 2. Derivative Consecurity (Instr. 3)		3. Transaction Date (Month/Day/Y	Table II	Derivati (e.g., put l 4. Pate, if Ti	ive Secur ts, calls,	ities Awarran 5. Num	equirects, option of the control of	Persons when the design of the form display.	ho respo in this fo splays a of, or Ber retible securcisable on Date	rm are current aeficially rities)  7. Tit Amore Unde Secure	not requ tly valid y Owned le and unt of rlying	OMB conf	spond unle	of 10. Ownersl Form of Derivati Security Direct (l or Indire	11. Natu of Indire Beneficie Ownersh (Instr. 4)

#### **Reporting Owners**

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

### **Signatures**

/s/ Joseph S. Koscinski, as attorney-in-fact for Jonny Ginns	03/27/2018	
**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).

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.