### 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

				Re	elationship	os									
Repor	ting O	wners													
				(	Code V	(A) (	Da Ex	ate ercisable	Expiration Date	on Title	Amount or Number of Shares				
	Price of Derivative Security			(Year) (I	ear) (Instr. 8)		ive es ed ded ,,)				rities r. 3 and	(Instr. 5)	Beneficially Owned Following Reported Transaction(s (Instr. 4)	Derivative Security: Direct (I or Indirect	D) ect
Derivative	2. Conversion or Exercise	3. Transacti Date (Month/Day	Execution D	ate, if 4.		5.	6.	Date Exer d Expirati	iration Date		itle and ount of erlying		9. Number of Derivative Securities		11. Nature of Indirect Beneficia
			Table II -				iired,	Disposed	of, or Be	eneficial		OMB con	trol number		
Reminder: I	Report on a s	eparate line	for each class of secu	rities ber	neficially o	owned di	Pe	rsons wl ntained i	no respo	orm are	not requ		spond unles	s	1474 (9-02)
Common	Stock		01/05/2021			F		7,272	D	\$ 14.107	293,357	7		D	
			(Month/	th/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
2		2. Transaction Date (Month/Day/Year)	Execution any	Deemed cution Date, if	Code (Instr. 8		4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)			Beneficia Reported	nt of Securities ally Owned Following Transaction(s)		Form:	7. Nature of Indirect Beneficial	
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu							ired, Disposed of, or Beneficially Owned				
(Street) MALVERN, PA 19355				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line)  _X_Form filed by One Reporting Person  _Form filed by More than One Reporting Person				
(Last) (First) (Middle) C/O PQ GROUP HOLDINGS INC., 300 LINDENWOOD DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 01/05/2021							X Officer (give title below) Other (specify below)  See Remarks				
Name and Address of Reporting Person * Chariag Belgacem				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				
Finit of Tyl	oe Responses	s)													

## Signatures

Chariag Belgacem

/s/ Joseph S. Koscinski, as attorney-in-fact for Belgacem Chariag	01/07/2021
**Signature of Reporting Person	Date

10%

Owner

Officer

See Remarks

Other

Director

X

### **Explanation of Responses:**

Reporting Owner Name / Address

C/O PQ GROUP HOLDINGS INC.

300 LINDENWOOD DRIVE MALVERN, PA 19355

- \* 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).

#### Remarks:

Chairman of the Board, Chief Executive Officer and President

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.