FORM 4

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

OMB APPROVAL
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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 Type Respon	ises)																		
1. Name and Address of Reporting Person *- INEOS Investments Partnership					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) Director X 10% Owner						
AVENUE DES UTTINS, 3, (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 03/20/2019							-	Office	r (give title belo		Other (specif	y belov	v)	
(Street)				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)						_	6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person							
ROLLE, V8 CH-	1180												_	71_10111111		. One responding	1 013011		
(City)	(State)		(Zip)			T	able I	- Nor	ı-De	erivative :	Securi	ties A	Acquir	ed, Disp	osed of, or I	Beneficially	Owned		
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day)			Execution any	Execution Date, if		Code		(4. Securities Acquired (or Disposed of (D) (Instr. 3, 4 and 5)			l (A)	Benefic Reporte	ount of Securities cially Owned Following ed Transaction(s) 3 and 4)		Ownership Form: I Direct (D)		Beneficial Ownership	
							Code		V	Amoun	Ò	A) or D)	Price				or Indirect (I) (Instr. 4)		istr. 4)
Common Stock, \$0.01	par value	03/20/	/2019				S			32,909,0	062 D		\$ 15.38	0			D		
Reminder: Report on	a separate lin	e for each	n class of sec	curities l	beneficia	lly c	owned o	lirect	ly o	or indirectl	ly.								
									cor	ntained i	n this	forn	n are	not requ		ormation spond unleaded	ss	C 147	74 (9-02)
			Table II					quire	ed, I	Disposed	of, or l	Bene	ficially	•					
1. Title of Derivative Security (Instr. 3) Price of Derivativ Security	on Date (Month/D	Date (Month/Day/Year)		ed Date, if	4. Transaction Code Year) (Instr. 8)		5.		6. l	5. Date Exercisable and Expiration Date Month/Day/Year)		e e	7. Tit Amou Unde Secur	le and ant of rlying rities . 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owne Form Deriva Securi Direct or Ind	of ative ty: (D) irect	11. Natu of Indire Benefici Ownersh (Instr. 4)
					Code	v	(A)	(D)	Da Ex		Expira Date	ation	Title	Amount or Number of Shares					

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
INEOS Investments Partnership AVENUE DES UTTINS, 3 ROLLE, V8 CH-1180		X					
RATCLIFFE JAMES A APT. 151 QUAI KENNEDY, BOULEVARD LOUIS II MONACO, O9 98000		X					

Signatures

Signature of Reporting Person	Date
JAMES A. RATCLIFFE, /s/ James A. Ratcliffe	03/22/2019
**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).
- James A. Ratcliffe, as the majority owner of INEOS Investments Partnership, has the power to control the voting and disposition of the shares of common stock held by INEOS Investments Partnership. Mr. Ratcliffe disclaims beneficial ownership of such securities except to the extent of his pecuniary interest therein, and the inclusion of such securities in this report shall not be deemed an admission of beneficial ownership of the reported securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

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.