Edgar Filing: QUAKER CHEMICAL CORP - Form 4

QUAKER C Form 4 December 3	CHEMICAL COF	P											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									••••=	OMB APPROVAL			
Check th		shingt	Number: Expires:	3235-0287 January 31,									
if no lon subject to Section Form 4 c Form 5 obligatio	o SIAIEN 16. or Filed put	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section											
may con <i>See</i> Instr 1(b).		30(h)	of the In	vestm	ent	Compan	y Ac	t of 19	40				
(Print or Type	Responses)												
1. Name and Address of Reporting Person <u>*</u> BARRON PATRICIA C			2. Issuer Name and Ticker or Trading Symbol QUAKER CHEMICAL CORP [KWR]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) QUAKER CHEMICAL CORPORATION, ONE QUAKER PARK, 901 E. HECTOR STREET			3. Date of Earliest Transaction(Month/Day/Year)12/16/2013						X_ Director10% Owner Officer (give titleOther (specify below) below)				
	(Street)	(Street) 4. If Amendra Filed(Month/I				-	1		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
CONSHOR	IOCKEN, PA 194	428-2380							Form filed by Person				
(City)	(State)	(Zip)	Tabl	e I - No	on-D	erivative	Secur	ities Ac	equired, Disposed	of, or Benefic	ially Owned		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deen (Month/Day/Year) Executio any (Month/I			3. Transaction Code (Instr. 8)		4. Securities nAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common	12/16/2013			Code G		Amount 750	or (D) D	Price \$ 0	(Instr. 3 and 4) 12,030 (1)	D			
Stock Common Stock	12/10/2015			U	v	150	D	ψυ	8,440	I	By Defined Benefit Plan/Profit		
Stock											Sharing Plan		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of
information contained in this form are not
required to respond unless the formSEC 1474
(9-02)

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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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D)	(Month/Day/Year) rative rities ired r ssed		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
				(Instr. 3, 4, and 5)						
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repo	rtina O	wners								

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	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BARRON PATRICIA C QUAKER CHEMICAL CORPORATION ONE QUAKER PARK, 901 E. HECTOR STREET CONSHOHOCKEN, PA 19428-2380	X					
Signatures						
Irene M. Kisleiko, Attorney-in-Fact for Patricia C. Barron		12/31/20)13			
**Signature of Reporting Person		Date				
Evolution of Recompass						

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).

(1) Includes 1 share acquired by reporting person under Quaker's Dividend Reinvestment Plan on October 31, 2013.

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.