SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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

1. Name and <i>A</i>	porting Person [*] ngs Ltd	2. Date of E Requiring S (Month/Day 04/09/202	Statement //Year)	3. Issuer Name and Ticker or Trading Symbol <u>QUAKER CHEMICAL CORP</u> [KWR]						
(Last) WHITEHA CHURCH S P.O BOX 10 (Street) GEORGE TOWN (City)	STREET	(Middle) , 238 NORTH KY1-1102 (Zip)			4. Relationship of Reporting Issuer (Check all applicable) Director Officer (give title below)	X 10	son(s) to 0% Owne ther (spe elow)	er 6. 1 ecify (Ch	ed (Month/Day ndividual or Jo neck Applicable Form filed Person	int/Group Filing e Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				I	2. Amount of Securities Beneficially Owned (Instr. 4)	For (D)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock					3,404,453		D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Sec Underlying Derivative Sec (Instr. 4)				ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.
		Date Exercisable	Expiratior Date	Title	Amount Deriv		rice of erivative ecurity	Direct (D) or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

/s/ Judit Rozsa, Managing

<u>04/13/202</u>0 Director, on behalf of QH Hungary Holdings Limited

** Signature of Reporting

Date Person

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

* If the form is filed by more than one reporting person, see Instruction 5 (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.

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 Number.