FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 | OMB APPROVAL | | | |
|--|--------------------------|-----------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-0287 | | |
| | Estimated average burden | | | |

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0.5

| Check this box if no longer subject |
|-------------------------------------|
| to Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

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 Address of Reporting Person* Traub Robert T | | | | | | 2. Issuer Name and Ticker or Trading Symbol QUAKER CHEMICAL CORP [KWR] | | | | | | | | | v Officer (give title Othe | | | 10% Ov Other (s | vner |
|--|--|-------|--|----------|--|---|---|---|--------------------|-------|---|---------------|--------|---|----------------------------|---|---|--|-------------|
| (Last) 901 E. H | Last) (First) (Middle) 001 E. HECTOR STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/30/2023 | | | | | | | | SVP, GC & Corp. Sec. | | | | |
| (Street) CONSHOHOCKEN PA 19428-2380 | | | | 4. If # | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | $ _{\Box}$ | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acc | uired | , Dis | posed of | , or B | enefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (I | | | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Transa | action(s) 3 and 4) | | | (111541. 4) |
| Common Stock 03/30 | | | | 03/30/2 | .023 | | | | F | | 155(1) | D | \$19 | 3.35 | 35 4,313 | | | D | |
| Common Stock | | | | | | | | | | | | | 1,215 | | | | By 401(k) | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| Security or Exercise (Month/Day/Year) if any | | | emed 4. tion Date, n/Day/Year) 4. Transac Code (In 8) | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | | | | y | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Expiration of | | or Number | | | | | | | | |

Explanation of Responses:

1. Shares surrendered by reporting person to satisfy withholding tax obligation upon vesting of restricted stock granted on March 30, 2020 under the Company's 2016 Long-Term Performance Incentive

Remarks:

Victoria K. Gehris, Attorneyin-Fact for Robert T. Traub

04/03/2023

** Signature of Reporting 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 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.

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.