FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-02								

287 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

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

(Last)	Name and Address of Reporting Person* HEITMAN WILLIAM J (Last) (First) (Middle) 50 E. RIVERCENTER BOULEVARD							2. Issuer Name and Ticker or Trading Symbol ASHLAND GLOBAL HOLDINGS INC [ASH] 3. Date of Earliest Transaction (Month/Day/Year) 11/16/2017											5. Relationship of Reporting Person (Check all applicable) Director X Officer (give title below) Controller				
(Street) COVING		tate) (41012-03 (Zip)		-	4. If Amendment, Date of Original Filed (Month/Day/Year)											Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				action	ar) if	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		tion	4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			d (A) or) or 5. Amo 4 and Securi Benefi		unt of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common	Stools	11/10	5/2015	/2017					v	Amount		(A) or (D)	Price	Transa (Instr.		ansaction(s) str. 3 and 4)		D					
Common		6/2017					M F ⁽¹⁾		143	_	A D	-	\$70.75 \$70.75		10,390 10,247		D						
Common Stock																	326		I	401(k) ⁽²⁾			
	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)	3A. Deeme Execution if any (Month/Da	Date,	4. Transa Code (I 8)		n of		6. Date Exercisa Expiration Date (Month/Day/Year				7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			Dei	s. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ov Fo Dii or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exer	e ercisable		piration ate	Title	0	Amount or Number of Shares								
Restricted Stock	(3)	11/16/2017			M			412		(4)		(4)	Com		412		\$0	4,657		D			

Explanation of Responses:

- 1. Payment of tax liability by withholding securities incident to the vesting of Restricted Stock Units acquired pursuant to Ashland's incentive plan as approved by the shareholders and exempt pursuant to Rule
- 2. Based on Employee Savings Plan information as of September 30, 2017, the latest date for which such information is reasonably available.
- 3. Each Restricted Stock Unit represents a right to receive one (1) share of Ashland Common Stock.
- 4. Grant of Restricted Stock Units, pursuant Ashland's incentive plan as approved by the shareholders and exempt pursuant to Rule 16b-3. The shares in this grant vest in three equal installments, beginning one year after the grant date, provided that the Reporting Person remains in continuous employment with the Issuer.

/s/ Jennifer I. Henkel, Attorney-in-Fact

11/17/2017

** Signature of Reporting Person

Date

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.