FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washingto

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

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APPROVAL

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

Name and Address of Reporting Person* Silveyman Koith C.				2. Issuer Name and Ticker or Trading Symbol ASHLAND GLOBAL HOLDINGS INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Silverman Keith C					- 1	ASH]										Director			10% Ov		
						ASII J									X	Officer (below)	give title		Other (s below)	specify	
	(Last) (First) (Middle)							est Tran	ısact	tion (Mo	nth/D	ay/Year)			Vice President						
1005 ROUTE 202/206					11/	11/15/2018									VICETICALIN						
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
BRIDGEWATER NJ 08807															X	X Form filed by One Reporting Person					
					-										Form filed by More than One Reporting Person						
(City)	(Sta	ate) (.	Zip)																		
		Tab	le I - Nor	n-Deri	vativ	e Se	curit	ies A	cqı	uired,	Dis	oosed of,	or Bene	eficia	lly	Owned					
Date			Date			2A. Deemed Execution Date, if any (Month/Day/Year)		<i>'</i>	Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			and 5) Securities Beneficia		ly	6. Ownership Form: Direct (D) or Indirect		7. Nature of Indirect Beneficial		
								- 1			ear)					Owned Following Reported		(I) (In:		Ownership (Instr. 4)	
										Code	٧	Amount	(A) or (D)	Price	•	Transaction (Instr. 3 a				`	
Common Stock			11/1	5/2018					M ⁽¹⁾		2,950	A	\$67	.16	5,8	15	Б Г				
Common Stock			11/1	5/2018					F ⁽²⁾		2,628	D	\$80	.53	3,187		D				
Common Stock														1,07)76 ⁽³⁾		I	401(k)		
												osed of, o				wned		,			
				(e.g., ¡	puts,	call	s, wa	arrant	s, c	ption	s, c	onvertibl	e securi	ities)							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date,	4. Transa Code (8)		n of		Ex	6. Date Exercisal Expiration Date (Month/Day/Year			7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		ity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transact (Instr. 4)	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
														Amoi or Numl							
					Code	v	(A)	(D)	Dat	te ercisable		xpiration ate	Title	of Share							
Stock Appreciation	\$67.16	11/15/2018			M ⁽¹⁾			2,950	11/	15/2018 ⁰	(4) 1	2/15/2027 ⁽⁴⁾	Common Stock	2,95	50	\$0	2,950	0	D		

Explanation of Responses:

- 1. The transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 6, 2018.
- 2. Due to a clerical error, payment of exercise price and tax liability by withholding securities incident to the exercise of Stock Appreciation Rights referenced in footnote 4 below was not filed with the original Form
- 3. Based on Employee Savings Plan information as of October 31, 2018, the latest date for which such information is reasonably available.
- 4. Stock Appreciation Right granted pursuant to Ashland's incentive plan which vests in three annual installments: 50% after the first year, the next 25% the second year and the remaining 25% the third year.

/s/ Jennifer I. Henkel, Attorney-11/19/2018 in-Fact

** 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.