FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | VAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | 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).

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* ROGERSON CRAIG A | | | | | | | 2. Issuer Name and Ticker or Trading Symbol ASHLAND GLOBAL HOLDINGS INC ASH] | | | | | | | | | of Reportin icable) or r (give title | g Per | 10% O Other (| wner |
|---|--|--|---|--|--------------------------------------|---|--|-----|---|--|--|---|----------------|---|---|---|--|--|---|
| #1801 | | | | | 02/ | 3. Date of Earliest Transaction (Month/Day/Year) 02/08/2019 | | | | | | | | | below | , | | below) | |
| (Street) SARASOTA FL | | | 34236 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (Si | | (Zip) | | | | | | | | | <u> </u> | | | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | action | ction 2A. Deemed Execution Date | | | 3. Transac | 3. Transaction Code (Instr. 8) 4. Secul Dispose 5) | | rities Acquired (A) of (D) (Instr. 3, 4 | | A) or | 5. Amou Securiti Benefic | unt of 6. C For ially (I) (Sed et ion(s) | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | 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. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transactio Code (Inst 8) | | | | 6. Date Exe Expiration (Month/Day | | d 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ow For Dir or I (I) (| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | or Nu of | nount mber ares | | | | | |
| Restricted Stock Units | (1) | 02/08/2019 | | | A | | 1,413 | | (2) | | (2) | Common Stock | 1, | 413 | \$77.85 | 1,413 | | D | |

Explanation of Responses:

- 1. Each Restricted Stock Unit represents a right to receive one (1) share of Ashland Common Stock.
- 2. Grant of deferred Restricted Stock Units pursuant to Ashland's Deferred Compensation Plan for Non-Employee Directors, and exempt under Rule 16b-3. The Restricted Stock Units will vest one year after date of grant. (One (1) Restricted Stock Unit in the Deferred Compensation Plan for Non-Employee Directors is the equivalent of one (1) share of Ashland Common Stock.)

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

02/12/2019

** 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.