## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Was	hington,	D.C.	20549
vvas	mington,	D.C.	20549

STATEMENT	OF CHANGES I	IN BENEFICIAL	OWNERSHIP

OMB Number:	3235-028
Estimated average bu	rden
hours per response:	0.9

OMB 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

1. Name and Address of Reporting Person*  FERNANDEZ-MORENO LUIS M  (Last) (First) (Middle)  8145 BLAZER DRIVE					3. D	Issuer Name and Ticker or Trading Symbol     ASHLAND GLOBAL HOLDINGS INC [     ASH ]      Date of Earliest Transaction (Month/Day/Year)     11/18/2016								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify below) below)  Senior Vice President					
(Street) WILMIN (City)	NGTON D	tate) (	19808 Zip)		-	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned  1. Title of Security (Instr. 3)  2. Transaction  3.																				
Date (Month/Dat						Execution Date,			Transaction Disposed Code (Instr.			ed Of (D) (Instr. 3, 4			5) Securiti Benefic	ies Fo cially (D)		n: Direct or Indirect	of Indirect Beneficial Ownership	
							, , , , , , , , , , , , , , , , , , , ,		Cod	le V		Amount (A) or (D)		rice	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)	
Common Stock 11/18					/2016	2016		М			639	A		<b>\$0</b> <sup>(1)</sup>	48,	48,159(2)		D		
Common Stock 11/18/2					/2016	2016			F <sup>(3</sup>			311 D \$1		3111.1	.12 47,848 <sup>(2)</sup>			D		
	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. Deem Execution if any (Month/D	Date,	4. Transa Code (1 8)		n of		6. Date Exercisa Expiration Date (Month/Day/Yea			Amount of		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (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)	(D)	Date Exerci	able		epiration ate	O N		ount mber ires					
Restricted Stock Units	(1)	11/18/2016			M			639	(4			(4)	Common Stock	6	39	\$0	2,988		D	

## **Explanation of Responses:**

- 1. Each Restricted Stock Unit represents a right to receive one (1) share of Ashland Common Stock.
- 2. Includes 29,319 shares of unvested Restricted Stock.
- 3. 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 16b-3.
- 4. Grant of Restricted Stock Units, pursuant to Ashland's incentive plan as approved by the shareholders and exempt pursuant to Rule 16b-3. The shares in this grant will vest in three equal annual installments beginning one year from the date of grant, provided that the Reporting Person remains in continuous employment with the Issuer

/s/ Jennifer I. Henkel, 11/22/2016 Attorney-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.