FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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	OMB APPROVAL								
	3235-0362								
	Estimated average burden								
	hours per response:	1.0							

	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
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ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Form 3	Holdings Repo	orted.											liou	iis pei i	esponse.	1.0	
_	Transactions I		Fil	ed pursuant to or Sectio					urities Excha Company Ad		f 1934					,	
1. Name and Address of Reporting Person* ROHR MARK C				2. Issuer Name and Ticker or Trading Symbol ASHLAND GLOBAL HOLDINGS INC ASH]							5. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Owner				Owner		
	ESE CORP	,	(Middle)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 09/30/2017						ear)	Office below	er (give title v)	е	Othe belo	er (specify w)	
				4. If Amer	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) IRVING	T	C	75039	_								X Form	i filed by O i filed by M on				
(City)	(SI	ate) ((Zip)														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date (Month/Day/Year)			Execution D			Transaction Of (D) (Instr. 3, 4 ar Code (Instr.		uired (A) or Dispose and 5)		5. Amount of Securities Beneficially Owned at end of		6. Ownership Form: Direct (D) or		7. Nature of Indirect Beneficial Ownership			
						(monain Buy)		Amount		(A) or (D)	Price	Issuer's			ct (I)	(Instr. 4)	
		Ta	able II - Deriva (e.g., p	tive Secu outs, calls								y Owned					
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. Transaction Code (Instr. 8)	of Derive Secu Acque (A) of Dispersion	vative (Month/Day/Ye urities uired or osed b) r. 3, 4		Expiration Date (Month/Day/Year) Secur Under		7. Title ar Amount of Securitie Underlyin Derivativ (Instr. 3 a	of s ng e Security	8. Price of Derivative Security (Instr. 5) (Instr. 5) 8. Price of Derivative Securiti Securiti Owned Followin Reports Transac (Instr. 4)		re Ownersh es Form: ally Direct (D or Indire g (I) (Instr.		Beneficial Ownership ect (Instr. 4)	
					(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amount or Number of Shares						
Restricted	(1)						(2)		(2)	Common	F1 F26		E4 E20	-(3)	Ъ		

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.) Subject to any deferral election on timing of distribution by the reporting person under the Plan, the reporting person may elect to receive the Restricted Stock Units in Common Stock or cash upon separation from service as a director.
- 3. Balance includes 274 additional Restricted Stock Units acquired in lieu of cash dividends (93 acquired on June 15, 2017, and 181 on September 15, 2017).

/s/ Jennifer I. Henkel,

11/01/2017

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.