

OMB APPROVAL	
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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

1. Name and Address of Reporting Person* <u>Van Leeuwen Thomas Melton</u>  (Last) (First) (Middle) C/O KAISER ALUMINUM CORP. 27422 PORTOLA PARKWAY SUITE 200  (Street) FOOTHILL CA 92610 RANCH  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>KAISER ALUMINUM CORP [ KALU ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>06/14/2018</u>	
4. If Amendment, Date of Original Filed (Month/Day/Year) <u>06/15/2018</u>		

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock, par value \$0.01 per share	06/14/2018		A		1,001 <sup>(1)</sup>	A	\$0	12,703	D	
Common Stock, par value \$0.01 per share	06/14/2018		A		147 <sup>(2)</sup>	A	\$109.88 <sup>(3)</sup>	12,850	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. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V		Date Exercisable	Expiration Date					

**Explanation of Responses:**

- Grant to the reporting person of restricted stock under the Kaiser Aluminum Corporation 2016 Equity and Incentive Compensation Plan. All restrictions will lapse on June 14, 2019.
- Stock received by the reporting person under the Kaiser Aluminum Corporation 2016 Equity and Incentive Compensation Plan at such person's election in lieu of all or a portion of the reporting person's annual cash retainer for serving as a member of the Board of Directors of Kaiser Aluminum Corporation.
- Equal to the average of the closing prices of the Issuer's common stock as reported by the Nasdaq Stock Market, LLC for the twenty trading days prior to June 14, 2018.

**Remarks:**

The filing amends the price of the second transaction reported on the Form 4.

/s/ Cherrie I. Tsai, with power of attorney for Thomas Melton 06/22/2018 Van Leeuwen

\*\* 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.