FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| 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).

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* KAUFTHAL ILAN | | | | | | 2. Issuer Name and Ticker or Trading Symbol Tronox Holdings plc [TROX] | | | | | | | | | heck a | onship of Reporting P Ill applicable) Director | | g Pers | erson(s) to Issuer | | |
|--|--|--------|----------|---|------------------------|--|---|--|---------------|-------|--|--|---------------|---|---|---|--------------------|--|--|---|--|
| (Last) | (Fire | , | Middle) | N. 1115 | | 3. Date of Earliest Transaction (Month/Day/Year) 01/29/2020 | | | | | | | | | | Office below | r (give title) | title Othe belov | | specify | |
| ONE STAMFORD PLAZA, 263 TRESSER BLVD., SUITE 1100 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | RD CT | 0 | 6901 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (Sta | te) (Z | (ip) | | | | | | | | | | | | | | | | | | |
| | | Table | e I - No | n-Deriv | ative S | Secu | ırities | s Acq | uired, I | Disp | osed of | f, or | Bene | ficia | lly O | wne | d | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Executary/Year) if any | | Deemed ecution Date, ny onth/Day/Year) | | | | Disposed | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and Secur Benef Owne | | ially Following | Form (D) or | vnership n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | ٧ | Amount | | (A) or (D) | Price | 1 | Reported Transaction(s) (Instr. 3 and 4) | | | | (111511.4) | | | | | |
| Common S | 2020 | | | | F | | 804(1) |) | D \$9.4 | | 14 | 172,292 | | | D | | | | | | |
| Common Stock 01/29/2 | | | | | 2020 | | | | A | | 3,609 | 2) A \$ | | \$0 | 175,901 | | 5,901 | | 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) | tive Conversion Date Execution Date or Exercise (Month/Day/Year) if any | | on Date, | 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) Date Exercisable Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) Amount or Numb of Share | | nount mber | 8. Pri of Deriv Secu (Instr | ative | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | , E | 0. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- 1. The Company withheld 804 shares to satisfy withhelding tax obligations and Mr. Kaufthal received the balance of 15,787 shares of previously granted restricted common stock.
- 2. Pursuant to the Director's restricted share unit agreement (reflecting a stub-period transitional equity grant), the restricted share units subject to this grant shall vest on May 6, 2020 (the "Vesting Date"), provided that the participant is then providing services to the Board on the Vesting Date.

/s/ Jeffrey N. Neuman, as attorney-in-fact 01/31/2020

** 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.