FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPR	OMB APPROVAL					
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Keohane Sean D	Date of Event equiring Statem Month/Day/Year 5/02/2018	nent	3. Issuer Name and Ticker or Trading Symbol Chemours Co [ CC ]							
(Last) (First) (Middle) C/O THE CHEMOURS COMPANY			Relationship of Reporting Perso (Check all applicable)     X Director	10% Owner Other (specify		5. If Amendment, Date of Original Filed (Month/Day/Year)				
1007 MARKET STREET			Officer (give title below)			Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person				
(Street) WILMINGTON DE 19899						Form filed by Orle Reporting Person  Form filed by More than One Reporting Person				
(City) (State) (Zip)										
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securit		4. Conversion or Exercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
	Date Exercisable	Expiration Date	n Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)				

Explanation of Responses:

No securities are beneficially owned.

<u>/s/ Brian Morrissey, attorney-</u> <u>in-fact for Sean D. Keohane</u>

05/04/2018

Date

\*\* Signature of Reporting Person

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$ 

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).