

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

OMB APPROVAL	
OMB Number:	3235-0104
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1. Name and Address of Reporting Person* <u>Kulikowski Amy B.</u> _____ (Last) (First) (Middle) 40300 TRADITIONS DRIVE _____ (Street) NORTHVILLE MI 48168 _____ (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 07/11/2022	3. Issuer Name and Ticker or Trading Symbol <u>Cooper-Standard Holdings Inc. [CPS]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) VP, Chief Accounting Officer	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

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)
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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 Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Denise Balog, on behalf of Amy B. Kulikowski under power of attorney

07/11/2022

** 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 5 (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.

POWER OF ATTORNEY

I, Amy Kulikowski, hereby appoint Joanna M. Totsky and Denise Balog as alternate attorneys-in-fact, each having the full and lawful authority,
IN WITNESS WHEREOF, the undersigned has duly executed this instrument as of the 16th day of June 2022.

/s/ Amy Kulikowski

Amy Kulikowski

STATE OF MICHIGAN)

) ss

COUNTY OF WAYNE)

On this June 16, 2022, before me, a Notary Public in and for said county, personally appeared Amy Kulikowski to me known, who,

/s/ Christine J. Shirkey
Notary Public
My Commission Expires: 12/30/2024