

McElya James Strauss
 Form 3/A
 April 11, 2011

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â McElya James Strauss		(Month/Day/Year)	Cooper-Standard Holdings Inc. [COSH]	
(Last)	(First)	(Middle)	03/21/2011	
39550 ORCHARD HILL PLACE			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	03/21/2011
			<input checked="" type="checkbox"/> Director	6. Individual or Joint/Group Filing(Check Applicable Line)
			<input checked="" type="checkbox"/> Officer	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			(give title below)	<input type="checkbox"/> Form filed by More than One Reporting Person
			Chairman and CEO	
NOVI,Â MIÂ 48375				
(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)
---------------------------------	---	--	---

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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 control number.

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 of Derivative Security: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

(Instr. 5)

Stock options ⁽¹⁾	03/15/2014	03/15/2021	Common stock	37,500	\$ 46.75	D	Â
7% Cumulative Participating Convertible Preferred Stock ⁽²⁾	Â ⁽³⁾⁽⁴⁾	Â ⁽⁵⁾	Common stock	21,757	\$ 23.3057	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
McElya James Strauss 39550 ORCHARD HILL PLACE NOVI, MI 48375	Â X	Â	Â Chairman and CEO	Â

Signatures

/s/ James S. McElya
04/08/2011

**Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (1) Due to an administrative error, the Form 3 filed on March 21, 2011, omitted 37,500 stock options that were granted on March 15, 2011. These are time-based options which shall vest, assuming continued employment, on March 15, 2014.
- (2) Due to an administrative error, the Form 3 filed on March 21, 2011, omitted 21,757 shares of paid-in-kind dividends of 7% Cumulative Participating Convertible Preferred Stock.

These shares of participating preferred common stock are entitled to receive dividends at a rate of 7% per annum and may be converted at
- (3) any time at a conversion price of \$23.30574 per share of common stock, subject to adjustment upon certain events specified in the certificate of designation.
- (4) Time-based restricted stock vesting in three equal installments on May 27, 2011, May 27, 2012, and May 27, 2013.
- (5) The 7% Cumulative Participating Convertible Preferred stock do not have an expiration date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.