FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:	OMB Number: 3235-0104						
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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

Kabbes David	2. Date of Event Requiring Stateme (Month/Day/Year) 07/15/2019		3. Issuer Name and Ticker or Trading Symbol STEPAN CO [SCL]							
(Last) (First) (Middle) 22 WEST FRONTAGE ROAD			4. Relationship of Reporting Perso (Check all applicable) Director	Person(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)				
			X Officer (give title below)	Other (spe		6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)			VP GC & Secretary			X Form filed by One Reporting Person				
NORTHFIELD IL 60093						Form filed by Reporting Po	y More than One erson			
(City) (State) (Zip)										
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)			Amount of Securities eneficially Owned (Instr. 4)			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 Securit Underlying Derivative Securit		4. Conversion or Exercise	cise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
		Expiration Date	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.

/s/ Stephanie Jane Pacitti, Attorney-in-fact for David

07/25/2019

Gerard Kabbes

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).