FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washingto

washington, D.C. 20049	OMB APPROVAL		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-028	

3235-0287 OMB Number: Estimated average burden hours per response: 0.5

	Check this box if no longer subject to
١	Section 16. Form 4 or Form 5
ı	obligations may continue. See
	Instruction 1(b)

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

Name and Address of Reporting Person*     ZOGLIO ANTHONY J						2. Issuer Name and Ticker or Trading Symbol STEPAN CO [ SCL ]									Check all ap Dire	plicable) ctor	100	Person(s) to Issuer  10% Owner	
(Last) 22 W. FR	(Fi	,	Middle)				te of Earliest Transaction (Month/Day/Year)  X Officer (give title below) below  Vice President - Supply C								- /				
(Street) NORTHE			50093 Zip)		Line)  X Form filed by							n filed by One n filed by Moi	up Filing (Check Applicable one Reporting Person lore than One Reporting						
		Tabl	e I - No	n-Deriv	ative	Sec	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	ficia	ally Own	ed			
1. Title of Security (Instr. 3)  2. Trans Date (Month/					r) E	2A. Deemed Execution Date, if any (Month/Day/Year)				ties Acquired (A) I Of (D) (Instr. 3, 4			nd Secui Bene	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect			
								Code	v	Amount	(1	A) or D)	Price	Trans	action(s) 3 and 4)		(1130.4)		
Common	Stock			03/01	/2004				J		14.1832	2(1)	A	(1	9,5	660.7452	D		
		Та									sed of, onvertib				y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	n Date,	Code (Instr				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Num of Shai						

## **Explanation of Responses:**

1. Distributed subject to vesting rights under shareholder approved Employee Stock Ownership Plan (ESOP).

## Remarks:

Anthony J. Zoglio

03/01/2004

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.