FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C. 20549
---------------	------------

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* Behrens Scott R.					2. Issuer Name and Ticker or Trading Symbol STEPAN CO SCL								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Denien	s scour	-						-	-					X	Direc	tor		10% Ov	vner
(Last) (First) (Middle) 1101 SKOKIE BOULEVARD, SUITE 500						3. Date of Earliest Transaction (Month/Day/Year) 02/15/2024								X	Office belov	er (give title v)		Other (s below)	specify
						02/13/2024									President & CEO				
						4. If Amendment, Date of Original Filed (Month/Day/Year) 02/20/2024							6. Inc	5. Individual or Joint/Group Filing (Check Applicable .ine)					
(Street)					02/2	02/20/2027								\mathbf{X}	X Form filed by One Reporting Person				
NORTHBROOK IL 60062														Form filed by More than One Reporting Person					
(City) (State) (Zip)					Pul														
	Rule 10b5-1(c) Transaction Indication																		
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																		
		Table	I - Noi	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	3ene	ficiall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)					Exec ay/Year) if any		. Deemed ecution Date, any onth/Day/Year)					es Acquired (A Of (D) (Instr. 3,			5. Amo Securit Benefic Owned	ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) (D)	or	Price	Report Transa (Instr. :	rted action(s) 3 and 4)			(Instr. 4)
Common Stock 02/15/2						/2024					2,205(1)	I	4	(2)	16,715.404			D	
		Tal	ole II -	Derivati	ve Se	curit	ties /	Acau	ired. C	Dispo	osed of, o	or Be	enefi	cially	Owne	d			
											onvertib								
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed on Date, /Day/Year)	n Date, Transact Code (In				6. Date Exercisal Expiration Date (Month/Day/Year		te	7. Title and Amount of Securities Underlying Derivative Security (I 3 and 4)		De Se (II	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Di or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	ber						

Explanation of Responses:

- 1. This Form 4/A corrects the number of shares received as a result of performance shares vesting. The number of shares reported on the reporting person's Form 4 filed on February 20, 2024 was miscalculated due to an administrative error.
- 2. The performance shares vested upon the certification of Stepan Company achieving certain performance goals for the performance period ending December 31, 2023.

/s/ Stephanie J. Pacitti.

Attorney-in-Fact for Scott R. 03/08/2024

Behrens

** 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 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.