FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours per response:	0.5							

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1. Name and Address of Reporting Person* <u>Haire Robert Joseph</u>							r Name PAN (or Trad	ding	Symbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) 1101 SK	`	irst) JLEVARD, SUI	(Middle) ΓΕ 500			3. Date of Earliest Transaction (Month/Day/Year) 05/01/2024									X	Officer below)	specify			
(Street) NORTHBROOK IL 60062					= 4. =	If Am	endmer	nt, Date	e of C	Original	Filed	d (Month/Da		Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)						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														
		Tal	-1- 1 N-	D	L	satis	sfy the a	ffirmativ	ve de	fense co	nditio	ons of Rule 1	0b5-1(c). S	ee Instru	tion '	10.	TOI WILLEIT	piair tii	at is interided	110
		lak	ole I - No	n-Deri	vativ	e Se	ecuriti	ies A	cqu	ured,	פוע	sposed c	or, or Be	enetici	ally	Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		в,	Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			nd 5)	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
										Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(
Common	Stock			05/0	1/202	/2024				M ⁽¹⁾		549	A	\$84.	322	5	549 D		D	
Common Stock 05/01				1/202	2024				F ⁽²⁾		182	D	\$84.	322	3	367		D		
Common Stock															32.375(3)			I .	By ESOP II Trust	
			Table II -									osed of converti				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/Year)		4. Transaction Code (Instr. 8)		n of E			6. Date Exercisable an Expiration Date (Month/Day/Year)			d 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		5	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v			Date Exe	e ercisable		Expiration Date	Title	Amou or Numb of Share	er					
Restricted		l					1						Restricted							

05/01/2024(5)

05/01/2033

Explanation of Responses:

Stock Units

(4)

- 1. The restricted stock units ("RSUs") were settled in shares of common stock per the terms of the award.
- 2. Withholding of shares to satisfy tax liability on the vesting of RSUs.

05/01/2024

- 3. Includes exempt acquisitions under Rule 16a-11 pursuant to dividend reinvestments since the date of the reporting person's last report.
- 4. Each RSU represents a contingent right to receive one share of Stepan Company common stock.
- 5. Vest ratably over three years beginning on the date shown.

/s/ Stephanie J. Pacitti, attorney-in-fact for Robert

549

Stock

05/03/2024

1,100

D

Haire

** 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.