| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| OWB APPRC | IVAL |
|-------------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average burde | en |
| hours per response: | 0.5 |

| 1. Nume and Address of Reporting reison | | | 2. Issuer Name and Ticker or Trading Symbol <u>STEPAN CO</u> [SCL] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|--|----------|---|--|---|-----------------------|--|--|--|
| <u>STEPAN F QUINN JR</u> | | | | X X | Director | 10% Owner | | | |
| (Last) (First) (Middle) 22 W. FRONTAGE ROAD | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | | Officer (give title below) | Other (specify below) | | | |
| | | | 03/03/2008 | President & CEO | | | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indi [,] Line) | vidual or Joint/Group Filir | ng (Check Applicable | | | |
| NORTHFIELD IL 60093 (City) (State) (Zip) | | 60093 | | x | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 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) | | (11311.4) |
| Common Stock | 03/03/2008 | | М | | 700 | Α | \$30.9688 | 62,893.6489 | D | |
| Common Stock | 03/03/2008 | | S | | 700 | D | \$35 | 62,193.6489 | D | |
| Common Stock | 03/03/2008 | | М | | 172 | Α | \$30.9688 | 62,365.6489 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 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. Transa Code (8) | | of | iired r osed) 7. 3, 4 | 6. Date Exerc Expiration Da (Month/Day/Y | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|-----|------------------------------------|--|--------------------|--|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Employee Stock Option | \$30.9688 | 03/03/2008 | | М | | | 872 | 05/05/2000 | 05/04/2008 | Common Stock | 872 | \$30.9688 | 7,881 | D | |

Explanation of Responses:

Remarks:

<u>F. Quinn Stepan, Jr.</u>

** Signature of Reporting Person

Date

03/05/2008

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.