FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	ction 1(b).	ide. See		Filed	l pursua or Se	ant to S ection 3	Section 1 30(h) of t	6(a) the li	of the S nvestme	Securi ent Co	ties Exchang mpany Act o	e Act of f 1940	1934			nours	per re	esponse:	0.5
1. Name and Address of Reporting Person* Keiper Jason Scott					2. Issuer Name and Ticker or Trading Symbol STEPAN CO [SCL]								5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Owne V Officer (give title Other (spec					wner	
(Last) 1101 SK	(First) (Middle) KOKIE BOULEVARD, SUITE 500				3. Date of Earliest Transaction (Month/Day/Year) 02/17/2023									X	below	ı) ``		below) 1 & Sust Officer	
(Street) NORTHI	BROOK IL		0062 Zip)		4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								Indivine)	idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table	I - No	n-Deriva	tive \$	Secu	rities <i>l</i>	Acq	quired	, Dis	posed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day				Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)			ed (A) or str. 3, 4 a	4 and Securit		ties For		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(
Common Stock 02/17/2					2023			A		90.31	A	\$109	9.49 292		92.816			By ESOP II Trust	
	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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		5. Num of Derivat Securit Acquire (A) or Dispos of (D) (Instr. 3 and 5)	tive ties ed	Expiration D (Month/Day/		ate Amount of		nt of ties ying tive ty (Instr.	8. Price Derivati Security (Instr. 5		derivative Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A) ((D)	Date Exercisable		Expiration Date		Amount or Number of Shares						

Explanation of Responses:

/s/ Stephanie J. Pacitti,

Attorney-in-Fact for Jason

02/21/2023

Scott Keiper

** 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.

^{*} 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).