FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	OVAL							
l	OMB Number:	3235-0287							
l	Estimated average burden								
l	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

1. Name and Address of Reporting Person* <u>Servatius Gregory</u>							2. Issuer Name and Ticker or Trading Symbol STEPAN CO [ SCL ]								5. Relationship of Reporting Person(s) to Is (Check all applicable) Director 10% O			
(Last) 22 WES		3. Date of Earliest Transaction (Month/Day/Year) 03/14/2014									X Officer (give title Other (specify below)  VP of Human Resources							
(Street) NORTHFIELD IL 60093 (City) (State) (Zip)							4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicat Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person											
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)						2A. Exec if an	. Deemed ecution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a 5)			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 and				(Instr. 4)
Common Stock 03/14/2						)14			A		48.14(1)	A	\$62.24	23,13	23,133.264		D	
Common Stock														11,076	.073(2)		I	By ESOP II Trust
Common Stock														538,	301		I	Member of Plan Committee of Stepan Company
		Т	able II								posed of converti			y Owned				•
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code ( 8)		ion of		6. Date I Expirati (Month/I	on Da	Securities Underlying Derivative Secur (Instr. 3 and 4)		f g g Security nd 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership ct (Instr. 4)
					Code	v	' (A) (D)				Expiration Date	Title	Amount or Number of Shares					
Share	(4)	03/14/2014			A		17.4	17.4			(5)	Common	17.4	\$62.24 <sup>(6)</sup>	6,387	.759	D	

## **Explanation of Responses:**

- 1. Reflects acquisition of deferred share units under the Performance Award Deferred Compensation Plan ("Plan") pursuant to a dividend equivalent feature of the Plan.
- 2. Reflects ESOP II acquisitions that have occurred since the Reporting Person's last ownership report covering ESOP II holdings.
- 3. Share Units are acquired under the Management Incentive Plan Amended and Restated as of January 1, 2010 ("MIP"), a nonqualified deferred compensation plan which allows MIP participants to elect to defer all or a portion of their deferred compensation into accounts pursuant to MIP provisions.
- 4. Share Units convert on a one-for-one basis into Common Stock.
- 5. Reflects acquisition of Share Units pursuant to a dividend equivalent feature of the MIP, generally payable at end of employment, unless otherwise elected.
- 6. Price reported is the price of Common Stock on the date the dividend equivalents are payable pursuant to a dividend equivalent feature of the MIP.

03/18/2014

\*\* 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.