FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								

37 Estimated average burden hours per response: 0.5

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

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* Behrens Scott R.						2. Issuer Name and Ticker or Trading Symbol STEPAN CO [SCL]									ck all appl Direct	icable) or	g Pers	son(s) to Iss	vner
(Last) 22 W. FF	(F RONTAGE	First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/12/2015										Officer (give title below) VP/GM S		Other (speci below) Surfactants	
(Street) NORTHFIELD IL 60093 (City) (State) (Zip)				4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
	<u> </u>			n-Deriv	/ative	e Sec	uritie	s Ac	quired,	Dis	posed o	of, or B	enefi	cially	y Owne	d			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution			Code (I	Transaction Di Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			Benefic Owned	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) (D)	or Pr	ice	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)
Common Stock 06/12/2						2015			A		10.738	S ⁽¹⁾	\$	53.24	3,70	3,702.733		D	
Common Stock														3,01	3,011.052(2)		I :	By ESOP II Trust	
		7	able 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. Deem Execution if any (Month/D	n Date,	4. Transactior Code (Instr. 8)				6. Date Ex Expiration (Month/Da	n Date	•	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Co	Code	v	(A)	(D)	Date Exercisal:		Expiration Date	Title	Amo or Num of Shar	ber					
Share Units ⁽³⁾	(4)	06/12/2015			A		28.64		(5)		(5)	Common	28.	64	\$53.24 ⁽⁶⁾	8,499.5	7	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 (As Amended and Restated Effective January 1, 2015) ("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.

Remarks:

Scott R. Behrens 06/16/2015

** 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.