FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours nor resnance.	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

Name and Address of Reporting Person* Behrens Scott R.					2. Issuer Name and Ticker or Trading Symbol STEPAN CO [SCL]									(Ch	eck all app Direc	ationship of Reporting all applicable) Director Officer (give title)		10% Owner Other (specify		
(Last) 22 W. FF	(F RONTAGE	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/15/2015										Officer (give title Other (speci- below) below) VP/GM Surfactants				
(Street) NORTH	FIELD II	L	60093		4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	e) <mark>X</mark> Form Form	Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	3)		(Zip)	n-Deriv	vativ		curities	- Δ C	auired	Die	nosed c	of or	Bon	eficial						
Date			2. Transa	action	ar) if	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securit	urities Acquired (A) led Of (D) (Instr. 3, 4		(A) or	5. Amo Securi Benefi Owned	ount of ties cially 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(s) (Instr. 3 and 4)			(Instr. 4)		
Common	Stock			09/15	5/2015	5			A		14.136	(1)	A	\$40.5	58 3,716.869 D					
Common Stock												3,024.221(2)			I	By ESOP II Trust				
		-	Гable 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/Da	Date,	4. Transa Code (8)				6. Date E Expiratio (Month/D	n Dat		7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		es Security	8. Price of Derivative Security (Instr. 5)		Ov Fo Olly Or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Co	Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title		Amount or Number of Shares						
Share (3)	(4)	09/15/2015		T	A		37.701	$ \ $	(5)		(5)	Com	mon	37.701	\$40.58(6)	8,537.2	271	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

09/17/2015

** 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.