## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549
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STATEMENT	OF C	HANGES	IN BE	NEFICIAL	<b>OWNERSHIP</b>

**OMB APPROVAL** 3235-0287 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

					01 0	CCHOIL	30(11	) or the	iiivesiiii	CIII CI	Jilipally Act	JI 1940							
1. Name and Address of Reporting Person*			2. Issuer Name <b>and</b> Ticker or Trading Symbol STEPAN CO [ SCL ]									k all applic	tionship of Reporting Person(s) to Issue all applicable) Director 10% Own						
(Last) 22 W. FRO	(Firs	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/28/2017								X	Officer (give title below)  VP/GM Surfactants				pecify	
(Street) NORTHFI	ELD IL	6	0093		4. If <i>i</i>	Amend	lment	, Date o	f Origina	al File	d (Month/Da	y/Year)		6. Indiv Line) X	Form fi	oint/Group led by One led by Mor	e Reportii	ng Persor	1
(City)	(Sta	te) (2	Zip)												Person				
		Tabl	e I - N	on-Deriv	ative	Secu	uritie	es Ac	quirec	l, Di	sposed o	f, or Be	nefic	ially	Owned				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a			nd 5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	irect   I direct   I . 4)   (	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A) or (D)			Reported Transaction(s) (Instr. 3 and 4)						
Common Stock (		02/28/	/28/2017				M <sup>(1)</sup>		3,553	A	\$4	1.16	.6 8,045.071		D				
Common S	ommon Stock 02/28/2		2017	017		D <sup>(2)</sup>		1,922	D	\$7	6.1	6,12	23.071						
Common Stock 02/28		02/28/	2017			F <sup>(3)</sup>		508	D	\$7	6.1	5,61	15.071						
Common Stock		03/01/2017				S		400	D	\$79	.3775	5,21	15.071						
Common S	tock			03/01/2	2017				S		100	D	\$79	0.465	5,11	5.071	D		
Common S	tock			03/01/2	2017				S		417	D	\$7	9.49	4,69	8.071	D		
Common S	tock			03/01/	2017				S		100	D	\$7	9.5	4,59	8.071	D		
Common S	tock														3,32	6.516	I		By Esop II Trust
		T	able II								osed of, convertik				wned				
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	if anv	emed ion Date, /Day/Year)		ransaction ode (Instr.				Exercion Da /Day/Y		7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		S (I	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e Over State of State	). wnership orm: irect (D) r Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)
					Code	V (A) (D)		(D)	Date Exercisable		Expiration Date	or Nu of		ount iber res					
Stock Appreciation	\$41.16	02/28/2017			M			3,553	02/17/2	2017	02/16/2025	Common	3,5	53	\$0	8,000		D	

## **Explanation of Responses:**

- $1. \ The \ Stock \ Appreciation \ Rights \ ("SARs") \ were \ settled \ in \ shares \ of \ common \ stock \ as \ per \ the \ terms \ of \ the \ award.$
- 2. Deemed disposition of underlying common stock to the issuer in an amount equal to the conversion price of the SARs.
- 3. Withholding of shares to satisfy tax liability on exercise of SARs.

/s/ Matthew M. Rice, Attorney-03/02/2017 in-fact for Scott R. Behrens

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.