| SEC | Form | 4 |
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FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-0287 |
|--|--------------------------|-----------|
| | Estimated average burden | en |
| Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 | hours per response: | 0.5 |
| or Section 30(b) of the Investment Company Act of 1940 | | |

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| Section 16 | 5. Form 4 or Fo s may continue 1(b). | rm 5 | F | | | | |) of the Sec Investment | | | | 134 | | 11 | ated av per res | erage burde sponse: | n 0.5 |
|--|---|--|--------------------------|-----------------------------------|---|----------------------------|-------------|--|-----|--|---|---|--|-----------------------------------|--|---|----------|
| 1. Name and Address of Reporting Person [*] POTTER ROBERT G | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>STEPAN CO</u> [SCL] | | | | | | | (Ch | eck all applic X Directo | able) r | Reporting Person(s) to Is: le) 10% C | | vner |
| (Last) 22 W. FRO | (First) NTAGE RO | , i i i i i i i i i i i i i i i i i i i | ddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2009 | | | | | | Officer below) | (give title | | Other (: below) | specify | | |
| (Street) NORTHFIE (City) | ELD IL (State | e) (Zi | | | | | | f Original Fi | | | - | Line | X Form fi Form fi Person | led by One led by Mor | e Repo | (Check Ap orting Perso I One Repo | n |
| 1. Title of Security (Instr. 3) 2. Transa Date | | | | action 2A. Deemed Execution Date, | | 3. Transact Code (In | ion str. | | | | r 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | Form (D) oi | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | Та | ble II - Deriv (e.g., | | | | | uired, Dis , options | | | or Bene | | | nu 4) | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Exercise (Month/Day/Year) if any ce of (Month/ ivative | | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securitie: Beneficia Owned Following Reported Transacti (Instr. 4) | e s dly g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisabl | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Directors Deferred Compensation Plan | \$60.08 | 10/01/2009 | | J | | 11 | | 08/08/1988 | в (| 08/08/1988 | Common Stock | 11 | \$60.08 | 2,946 | 6 | D | |
| Stock Awards | \$60.08 | 10/01/2009 | | J | | 8 | | 08/08/198 | в | 08/08/1988 | Common Stock | 8 | \$60.08 | 2,296 | 6 | D | |

Explanation of Responses:

Kathleen O. Sherlock, By Power of Attorney for Robert

10/05/2009

G. Potter

** 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.