FORM 4

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

Vashington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Behrens Scott R.</u>						2. Issuer Name and Ticker or Trading Symbol STEPAN CO [ SCL ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last) 1101 SKO	(Firs	rst) (Middle) LEVARD, SUITE 500				ate of 15/20		est Transa	action (Mo	onth/C	Day/Year)	)	Officer below)	er (give title /) President & (		Other (specification)	pecify		
(Street) NORTHBROOK IL 60062 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
(5.5)						Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Tabl	e I - Nor	ı-Deri	vative	Sec	curiti	ies Acc	quired,	Dis	posed of	f, or Ber	neficially	Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/L					ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (	Transaction Disposed Code (Instr. 5)		ties Acquired (A) or I Of (D) (Instr. 3, 4 and		5. Amour Securities Beneficia Owned Fe	s Illy ollowing	Form:	Direct Indirect Etr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(1130.4)	
Common Stock				02/1	15/2024				М		2,173	A	(1)	16,683.404			D		
		Т									osed of, onvertib			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title an of Securit Underlyin Derivative (Instr. 3 an	g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares						
Performance Shares	(1)	02/15/2024			M			3,233	(1)		(1)	Common Stock	3,233	(1)	0		D		
Performance Shares	(2)	02/15/2024			D		T	14,192	(3)		(3)	Common Stock	14,192	\$0	0		D		

## **Explanation of Responses:**

- 1. Each performance share represents a contingent right to receive one share of Stepan Company common stock. The performance shares vested upon the certification of Stepan Company achieving certain performance goals for the performance period ending December 31, 2023.
- 2. Each performance share represents a contingent right to receive one share of Stepan Company common stock.
- 3. The performance shares were forfeited due to Stepan Company's performance for the period ending December 31, 2023.

/s/ Stephanie J. Pacitti,

Attorney-in-Fact for Scott R. 02/20/2024

**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.