FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |

0.5

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 [*] Wynn H Edward | | | | | | 2. Issuer Name and Ticker or Trading Symbol STEPAN CO [SCL] | | | | | | | | | c all appli Directo | onship of Reporting Person(s) to Issu all applicable) Director 10% Owr | | | ner | | |
|--------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|---------------------------------------------|------------------------------|------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------|---------------------------------------|------|--------------------|-------------------------------|-------------------------------------|-----------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------|--|--|
| (Last) (First) (Middle) 22 W. FRONTAGE ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/20/2009 | | | | | | | | | below) | ' | nsel 8 | Other (speci below) sel & Secretary | | | |
| (Street) NORTH | NORTHFIELD IL 60093 | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - No | n-Deri | vative | Sec | curiti | es Ac | quired, | Dis | posed (| of, or Be | nefic | ially | Owne | d | | | | | |
| Date | | | | 2. Trans Date (Month/I | | ur) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispo | | | ties Acquire I Of (D) (Ins | and 5) Securiti Benefic Owned | | es ially Following | Form: Direct | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Pric | e | Reported Transaction(s) (Instr. 3 and 4) | | | | | | |
| Common Stock 11/20/2 | | | | |)/2009 | 2009 | | | М | | 300 | A | \$3 | 31.7 | 2,27 | 2,270.422 | | D | | | |
| Common Stock 11/20 | | | | | 0/2009 | | | | S | | 300 | D | \$63 | 3.288 | 1,970.422 | | | D | | | |
| | | Т | able II - | | | | | | | | | , or Ben ble secu | | | wned | | | | | | |
| 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. Transa Code (8) | | n of E | | 6. Date Ex Expiration (Month/Da | Date | Amount of | | f g Securi | De Se (Ir | Price of erivative ecurity istr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | | |
| | | | | c | Code | v | (A) | | Date Exercisab | | expiration pate | Title | Amou or Numb of Share | er | | | | | | | |
| Employee Stock | \$31.7 | 11/20/2009 | | | M | | | 300 | 02/13/200 | 9 0 | 2/12/2015 | Common Stock | 300 | | \$31.7 | 0 | | D | | | |

Explanation of Responses:

H. Edward Wynn

11/23/2009

** 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.