Section 16. Foobligations ma

Instruction 1(b)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to	STATEM
Section 16. Form 4 or Form 5	
obligations may continue. See	

MENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 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

1. Name and Address of Reporting Person* Behrens Scott R.						2. Issuer Name and Ticker or Trading Symbol STEPAN CO [SCL]									ck all applic	able) r		rson(s) to Issuer 10% Owner Other (specify		
(Last) 22 W. FF	RONTAG	(First) E ROAD	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/15/2015									below)	Officer (give title Other (spec below) below) VP/GM Surfactants				
(Street) NORTHFIELD IL 60093					- 4. I -	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					
(City)			(Zip)				••					, ,		<u> </u>						
Table I - Non-Deri 1. Title of Security (Instr. 3) 2. Tran Date (Month					action	ar) if	A. Deeme xecution any Month/Day	3. Transa Code (ction	4. Securit Disposed	ies Acqui	red (A) or	5. Amou Securitie Benefici	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D) Pr		Price	Transac (Instr. 3	tion(s)			(Instr. 4)	
Common	Stock			12/15	5/2015	5			A		11.993	(1) <i>A</i>	. :	\$50.71	71 3,728.862 D			D		
Common Stock														3,035.686(2)			I	By ESOP II Trust		
			Table II -								osed of, converti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deem Execution if any (Month/Da	Date,	4. Transaction Code (Insti				6. Date E Expiratio (Month/D	n Dat			curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transacti (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nu of	nount Imber Iares						
Share Units ⁽³⁾	(4)	12/15/2015			A		31.987		(5)		(5)	Commo Stock	31	1.987	\$50.71 ⁽⁶⁾	8,569.2	.58	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

12/17/2015

** 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.