FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

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

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* PACHOLEC FRANK | | | | | | 2. Issuer Name and Ticker or Trading Symbol STEPAN CO [SCL] | | | | | | | | | | all app Dired | olicable) ctor | 2 | Person(s) to Issuer 10% Owner Other (specify | | |
|--|--|------|--|---------|------------|--|---|--|------------------------------------|-------|--|---------------------------|-------------------------|------------------------------------|-------|--|--|---|---|--|--|
| (Last) 22 W. FR | (Fi | , | , , | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/15/2018 | | | | | | | | | X Officer (give title Other (specific below) Vice President, Strategy | | | | | |
| (Street) NORTHE | | | 50093 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Forn Forn | idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Se | curitie | s Acq | uired, | Dis | posed o | f, or | Ben | efici | ially | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | r) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securi Disposed | | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | | and Secui Bene | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | v | Amount | | (A) or (D) | Pric | е | Transaction(s) (Instr. 3 and 4) | | | | (111341.4) | | | |
| Common | Stock | | | 06/15 | 5/2018 | 018 A ⁽¹⁾ 97.714 A \$75.88 40,305.806 | | | | | | | 305.806 | D | | | | | | | |
| Common | | | | | | | | | | | | | 2,181.53 ⁽²⁾ | | I | | By Esop II Trust | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date if any (Month/Day/Yea | Date, | Code (Inst | | on of | | 6. Date E Expiratio (Month/D | n Dat | | Amo Sec Und Deri | | str. 3 | Deri | vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owne Form: Direct or Ind (I) (Ins | (D) rect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisa | | Expiration Date | Title | or Nur of | ount mber ires | | | | | | | |

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 covering ESOP II holdings.

/s/ Matthew M. Rice, attorney-06/19/2018 in-fact for Frank Pacholec

** 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.