FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| shington, D.C. 20549 | |
|----------------------|--|
|----------------------|--|

| | OMB APPRO | /AL |
|---|--------------------------|-----------|
| | OMB Number: | 3235-0287 |
| l | Estimated average burden | |

0.5

hours per response:

| 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

| Name and Address of Reporting Person* WOOD ROBERT JOHN | | | | | 2. Issuer Name and Ticker or Trading Symbol STEPAN CO [SCL] | | | | | | | | | ationship of F c all applicab Director | ole) | Person | 10% Ow | ner |
|--|--|--|--|--|---|---|---|-----------------------------------|-------|---|--|----------------------------|--|---|--|-------------------------------------|--|--|
| (Last) (First) (Middle) 22 W. FRONTAGE RD. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/21/2006 | | | | | | | | X Officer (give title Other (specify below) VP & GM Polymers | | | | | |
| (Street) NORTHFIELD IL 60093 | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6 | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by Mare then One Pennstring Person | | | | | |
| (City) | (St | ate) | (Zip) | | Form filed by More than One Reporting Person | | | | | | | | | ig Person | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| | | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. | | ties Acquired (A) or d Of (D) (Instr. 3, 4 and ! | | d 5) | 5. Amount Securities Beneficially Following | | 6. Own Form: (D) or I (I) (Inst | Direct II Indirect E tr. 4) C | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) o (D) | r Price | 9 | Reported Transaction(s) (Instr. 3 and 4) | | | | nstr. 4) |
| Common Stock 02/ | | | | 02/21/2 | 1/2006 | | J | | 36.35 | 1 A | A (1) | | 353.468 | | | D | | |
| | | | Table II - D | | | curities / | | , | • | , | | , | y Ow | ned | | | | |
| 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/Yea | Code | action (Instr. | Derivative | | 6. Date Expiration (Month/Da | Date | 9 | 7. Title an Securities Derivative (Instr. 3 a | Underlyi Security | ing | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transact | re es ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | | Date Exercisab | | Expiration Date | Title | Amount Number Shares | | | (Instr. 4) | | | |
| Management Incentive Plan | (2) | 02/21/2006 | | J | | 1,399.398 | | 08/08/198 | 38 (| 08/08/1988 | Common Stock | 1,399. | 398 | (2) | 11,886 | .579 | D | |

Explanation of Responses:

- $1.\ Distributed\ subject\ to\ vesting\ rights\ under\ shareholder\ approved\ employee\ stock\ ownership\ plan\ (ESOP).$
- 2. Management Incentive Plan ("Plan"), (a 16b-3 Plan) approved April 28, 1992, by shareholders to permit option of taking balances in cash or company stock upon termination, death or retirement pursuant to Plan provisions.

Remarks:

Robert John Wood

02/22/2006

** Signature of Reporting Person

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.