VENEGONI JOHN V

Form 4

September 25, 2012

| FORM 4 | |
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

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Check this box

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

| ress of Reportin | ng Person * | 2. Issuer Name and Ticker or Trading Symbol STEPAN CO [SCL] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
|------------------|------------------------------------|--|---|--|--|--|
| (First) | (Middle) | 3. Date of Earliest Transaction | (Check all applicable) | | | |
| AGE ROAI |) | (Month/Day/Year) 09/21/2012 | Director 10% Owner _X_ Officer (give title Other (specify below) VP/GM Surfactants | | | |
| (Street) | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| D, IL 60093 | | Filed(Month/Day/Year) | | | | |
| | OHN V (First) AGE ROAI (Street) | (First) (Middle) AGE ROAD (Street) D, IL 60093 | OHN V Symbol STEPAN CO [SCL] (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) PAGE ROAD 09/21/2012 (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) O, IL 60093 | | | |

| (City) | (State) | (Zip) Tabl | le I - Non-I | Derivative | Secu | rities Acqu | ired, Disposed of | , or Beneficial | lly Owned |
|--------------------------------------|---|---|--|---------------------------------|-----------|--------------|--|--|---|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transactio Code (Instr. 8) | 4. Securi or(A) or D (Instr. 3, | (A) or | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common Stock | 09/21/2012 | | S(1) | 800 | D | \$ 100.43 | 5,985.572 | D | |
| Common Stock | | | | | | | 4,207.688 (2) | I | By ESOP II Trust |
| Common Stock | | | | | | | 1,000 | I | By self as custodian for child |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative | 2. | 3. Transaction Date (Month/Day/Year) | | 4. | 5. onNumber | 6. Date Exerc | | 7. Titl | | 8. Price of Derivative | 9. Nu Deriv |
|------------------------|---|--------------------------------------|----------------------|-----------------|----------------|---------------------|--------------------|---------|--|------------------------|---|
| Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | (Month/Day/Tear) | any (Month/Day/Year) | Code (Instr. 8) | of | | | Under | rlying | Security (Instr. 5) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

VENEGONI JOHN V 22 W. FRONTAGE ROAD NORTHFIELD, IL 60093

VP/GM Surfactants

Signatures

Kathleen O. Sherlock, Attorney-in-Fact

09/25/2012

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- (1) Transaction completed pursuant to a 10b5-1 Trading Plan.
- (2) Reflects ESOP II acquisitions that have occurred since the Reporting Person's last ownership report covering ESOP II holdings.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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