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| STEPAN Co Form 4 | 0 | | | | | | | | | |
|--|---------------------------------------|--|--|------------|------------------------------|-------------|--|--|------------------------|--|
| February 28 | , 2014 | | | | | | | | | |
| FORM | | | | | | NOLO | | OMB AF | PPROVAL | |
| | UNITED S | | JRITIES A Vashington, | | | NGE (| COMMISSION | OMB Number: | 3235-0287 | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to Sectio | | | ANGES IN BENEFICIAL OW SECURITIES n 16(a) of the Securities Exchange | | | | | Expires: Estimated a burden hou response | | |
| obligatic may con <i>See</i> Instr 1(b). | tinue. Section 17(a) | of the Public 30(h) of the | • | • | · · | | 1935 or Section | 1 | | |
| (Print or Type | Responses) | | | | | | | | | |
| | Address of Reporting Pe DBERT JOHN | Symbo | uer Name and d AN CO [SC | | Tradii | ng | 5. Relationship of Issuer | | | |
| (Last) | (First) (Mi | | e of Earliest Tra | - | | | (Check all applicable) | | | |
| (Montl | | | th/Day/Year) 6/2014 | | | | Director 10% Owner Officer (give title below) Other (specify below) V.P. & General Manager | | | |
| NORTHFI | (Street) ELD, IL 60093 | | mendment, Da ⁄Ionth/Day/Year) | - | 1 | | 6. Individual or Jo Applicable Line) _X_ Form filed by C Form filed by M Person | one Reporting Pe | rson | |
| (City) | (State) (Z | ^(ip) Ta | able I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | - | 2A. Deemed Execution Date, i any (Month/Day/Yea | Code | (Instr. 3, | ispose 4 and (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) | Indirect Beneficial | |
| Common Stock | 02/26/2014 | | S | 1,981 | D | \$ 60 | 19,464 | D | | |
| Common Stock | 02/26/2014 | | S | 1,600 | D | \$ 60.01 | 17,864 | D | | |
| Common Stock | 02/26/2014 | | S | 1,300 | D | \$ 60.03 | 16,564 | D | | |
| Common Stock | 02/27/2014 | | S | 1,700 | D | \$ 60 | 14,864 | D | | |
| Common Stock | 02/27/2014 | | S | 800 | D | \$ 60.01 | 14,064 | D | | |

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| Common Stock | 11,450.427 | Ι | By ESOP II Trust |
|-----------------|------------|---|---------------------|
| Common Stock | 800 | Ι | By Mother |

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

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 control number.

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 | 3. Transaction Date (Month/Day/Year) | 4. Transactic Code (Instr. 8) | of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) | | ate | 7. Titl Amou Under Secur (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|--|--|---|---|
| | | | Code V | (Instr. 3, 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|------------------------|-------|--|--|--|--|
| i o | Director | 10% Owner | Officer | Other | | | | |
| WOOD ROBERT JOHN 22 W. FRONTAGE ROAD NORTHFIELD, IL 60093 | | | V.P. & General Manager | | | | | |
| Signatures | | | | | | | | |
| Kathleen O. Sherlock, Attorney-in-fact | | 02/28/20 | 014 | | | | | |
| | | | | | | | | |

**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).

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.