## Edgar Filing: CADIEUX ROBERT D - Form 4

| CADIEUX ROBI<br>Form 4                                                                   | ERT D                          |                                                                                                                                                                    |                                                                          |                                                  |                         |                                                          |                                                                                                                                                                                    |                                                                      |                                                                   |  |
|------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------|-------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------|--|
| February 15, 2007                                                                        | 7                              |                                                                                                                                                                    |                                                                          |                                                  |                         |                                                          |                                                                                                                                                                                    |                                                                      |                                                                   |  |
| FORM 4                                                                                   |                                | ~~ . ~~ ~                                                                                                                                                          |                                                                          |                                                  |                         |                                                          | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~                                                                                                                                                            |                                                                      | PPROVAL                                                           |  |
|                                                                                          | UNITED                         | STATES                                                                                                                                                             |                                                                          |                                                  | N OMB<br>Number:        | 3235-0287                                                |                                                                                                                                                                                    |                                                                      |                                                                   |  |
| Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or<br>Form 5       | STATEN                         | Washington, D.C. 20549<br>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES<br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, |                                                                          |                                                  |                         |                                                          |                                                                                                                                                                                    |                                                                      | January 31,<br>2005<br>average<br>urs per<br>. 0.5                |  |
| obligations<br>may continue.<br><i>See</i> Instruction<br>1(b).<br>(Print or Type Respon | Section 17(                    | a) of the H                                                                                                                                                        | Public U                                                                 | tility Hol                                       | ding Co                 |                                                          | of 1935 or Secti                                                                                                                                                                   |                                                                      |                                                                   |  |
| (Thit of Type Respon                                                                     | 1505)                          |                                                                                                                                                                    |                                                                          |                                                  |                         |                                                          |                                                                                                                                                                                    |                                                                      |                                                                   |  |
| 1. Name and Address of Reporting Person <u>*</u><br>CADIEUX ROBERT D                     |                                |                                                                                                                                                                    | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>STEPAN CO [SCL] |                                                  |                         |                                                          | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)                                                                                                      |                                                                      |                                                                   |  |
|                                                                                          |                                |                                                                                                                                                                    |                                                                          |                                                  |                         |                                                          |                                                                                                                                                                                    |                                                                      |                                                                   |  |
| (Street)                                                                                 |                                |                                                                                                                                                                    | 4. If Amendment, Date Original Filed(Month/Day/Year)                     |                                                  |                         |                                                          | <ul> <li>6. Individual or Joint/Group Filing(Check<br/>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul> |                                                                      |                                                                   |  |
| NORTHFIELD,                                                                              | IL 60093                       |                                                                                                                                                                    |                                                                          |                                                  |                         |                                                          | Person                                                                                                                                                                             | More than One R                                                      | eporting                                                          |  |
| (City) (                                                                                 | State)                         | (Zip)                                                                                                                                                              | Tab                                                                      | le I - Non-l                                     | Derivative              | e Securities A                                           | cquired, Disposed                                                                                                                                                                  | of, or Beneficia                                                     | lly Owned                                                         |  |
|                                                                                          | insaction Date<br>th/Day/Year) | 2A. Deeme<br>Execution<br>any<br>(Month/Da                                                                                                                         | Date, if                                                                 | 3.<br>Transactio<br>Code<br>(Instr. 8)<br>Code V | Disposed<br>(Instr. 3,  | (A) or<br>l of (D)<br>4 and 5)<br>(A)<br>or              | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)                                                                 | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Reminder: Report on                                                                      | a separate line                | for each cla                                                                                                                                                       | ass of secu                                                              | urities bene                                     | ficially ow             | ned directly                                             | or indirectly.                                                                                                                                                                     |                                                                      |                                                                   |  |
|                                                                                          |                                |                                                                                                                                                                    |                                                                          |                                                  | Perse<br>infor<br>requi | ons who res<br>nation cont<br>red to resp<br>ays a curre | spond to the colle<br>lained in this form<br>ond unless the fo<br>ntly valid OMB co                                                                                                | n are not<br>rm                                                      | SEC 1474<br>(9-02)                                                |  |

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

| 1. Title of | 2.          | 3. Transaction Date | 3A. Deemed         | 4.         | 5. Number  | 6. Date Exercisable and | 7. Title and Amount of |
|-------------|-------------|---------------------|--------------------|------------|------------|-------------------------|------------------------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transactio | onof       | Expiration Date         | Underlying Securities  |
| Security    | or Exercise |                     | any                | Code       | Derivative | (Month/Day/Year)        | (Instr. 3 and 4)       |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Securities |                         |                        |

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|                                               | Derivative<br>Security |            |      |   | Acqui<br>(A) or<br>Dispo<br>of (D)<br>(Instr.<br>and 5) | sed<br>3, 4, |                     |                    |                 |                                      |
|-----------------------------------------------|------------------------|------------|------|---|---------------------------------------------------------|--------------|---------------------|--------------------|-----------------|--------------------------------------|
|                                               |                        |            | Code | V | (A)                                                     | (D)          | Date<br>Exercisable | Expiration<br>Date | Title           | Amoun<br>or<br>Numbe<br>of<br>Shares |
| Directors<br>Deferred<br>Compensation<br>Plan | \$ 31.7                | 02/13/2007 | J    |   | 473<br>(1)                                              |              | 08/08/1988          | 08/08/1988         | Common<br>Stock | 473                                  |

## **Reporting Owners**

| Reporting Owner Name / Address                                  |          | Relationsh |         |       |  |  |  |  |
|-----------------------------------------------------------------|----------|------------|---------|-------|--|--|--|--|
|                                                                 | Director | 10% Owner  | Officer | Other |  |  |  |  |
| CADIEUX ROBERT D<br>22 W. FRONTAGE ROAD<br>NORTHFIELD, IL 60093 | Х        |            |         |       |  |  |  |  |
| Signatures                                                      |          |            |         |       |  |  |  |  |
| Kathleen M. Owens, by Power of Attorney for Robert D.           |          |            |         |       |  |  |  |  |
| Cadieux                                                         |          | 02/15/2007 |         |       |  |  |  |  |

\*\*Signature of Reporting Person

02/15/2007 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) On February 13, 2007, 473 shares were added to the Directors Deferred Compensation Plan account as per the provisions in the Stepan Company Directors Deferred Compensation Plan Amended and Restated as of January 1, 2005. The 473 shares shall be paid to the director upon termination of service on the Board of Directors and shall be paid only in shares of Stepan Company Common Stock.

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.