**Boyce Michael Ross** Form 4 April 26, 2018

### FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB

**OMB APPROVAL** 

3235-0287 Number:

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Check this box if no longer subject to Section 16. Form 4 or

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

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person \* **Boyce Michael Ross** 

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

(Last)

(City)

(First) (Middle)

STEPAN CO [SCL] 3. Date of Earliest Transaction

(Check all applicable)

22 W. FRONTAGE ROAD

(Street)

(State)

(Month/Day/Year)

04/24/2018

X\_ Director 10% Owner Other (specify Officer (give title below)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check Applicable Line)

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

D

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

NORTHFIELD, IL 60093

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) (Month/Day/Year)

(Zip)

4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) 5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)

(9-02)

(A) or

Reported Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

Common Stock

04/24/2018

1,157 A \$0 12,311 A

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

Persons who respond to the collection of SEC 1474 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)

#### Edgar Filing: Boyce Michael Ross - Form 4

| 1. Title of Derivative | 2. Conversion                            | 3. Transaction Date (Month/Day/Year) |                      | 4.<br>Transactio | 5.<br>orNumber  | 6. Date Exercisal Expiration Date |     | 7. Title and Amount of                       | 8. Price of Derivative | 9. Nu<br>Deriv  |
|------------------------|--|--------------------------------------|----------------------|------------------|---|-----------------------------------|-----|--|------------------------|---|
| Security<br>(Instr. 3) | or Exercise Price of Derivative Security | (Month Day/ Teal)                    | any (Month/Day/Year) | Code (Instr. 8)  | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | (Month/Day/Yea<br>e               | ar) | Underlying<br>Securities<br>(Instr. 3 and 4) | Security<br>(Instr. 5) | Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|                        |  |                                      |                      | Code V           | (A) (D)   | Date Ex<br>Exercisable Da         | •   | Title Amount or Number of Shares             |                        |   |

## **Reporting Owners**

| Reporting Owner Name / Address    | Relationships |           |         |       |  |  |  |
|-----------------------------------|---------------|-----------|---------|-------|--|--|--|
| reporting Owner France / Francess | Director      | 10% Owner | Officer | Other |  |  |  |
| Boyce Michael Ross                |               |           |         |       |  |  |  |
| 22 W. FRONTAGE ROAD               | X             |           |         |       |  |  |  |
| NORTHFIELD, IL 60093              |               |           |         |       |  |  |  |

### **Signatures**

/s/ Jennifer Ansbro Hale, Attorney-in-Fact 04/26/2018

# **Explanation of Responses:**

\*\*Signature of Reporting Person

- \* 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).

Date

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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