FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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(b) of the Investment Company Act of 1940

					01 0	Jection	1 00(11)	or tire	IIIVCStill	CIII C	ompany Act	01 10-10							
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol SCHOLASTIC CORP [ SCHL ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>NEWMAN JUDITH</u>					150										Direc	ctor	1	0% O	wner
	<b></b>													X	Office	er (give title w)		ther (	specify
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								EVP, President, Book Clubs					S
C/O CORPORATE SECRETARY, SCHOLASTIC CORP					01/	01/18/2019										,	,		
557 BROADWAY					4. If	If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(O) ()														Line)					
(Street)														X Form filed by One Reporting Person					on
NEW YC	NEW YORK NY 10012													Form filed by More than One Reporting Person					orting
(City)	(St	ate) (	Zip)																
		Tabl	e I - N	on-Deriv	ative	Sec	uritie	s Ac	quire	d, Di	sposed o	f, or E	enefici	ally (	Owne	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/						Execution Date,		oate,	3. Transaction Code (Instr. 8)  4. Securities Acquired (Disposed Of (D) (Instr. 3				and 5) S		ount of ities icially d Following	Form: Dire (D) or Indi	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 01/18/20						)19			S		3,587	D	\$41.64	<b>17</b> <sup>(1)</sup>	1	2,748	D		
		Та	ble II								osed of, convertib			y Ov	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/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable Expiration Date (Month/Day/Year)		ate	nd 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price Derivativ Security (Instr. 5)			Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$41.39-\$41.84, inclusive. The reporting person undertakes to provide to Scholastic Corporation, any holder of Scholastic Corporation stock or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (1) to this Form 4.

<u>Judith A. Newman, by Teresa</u> <u>M. Connelly, Attorney-in-fact</u>

01/22/2019

\*\* Signature of Reporting Person

Date

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.