FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* MAYER MARGERY W | | | | | | 2. Issuer Name and Ticker or Trading Symbol SCHOLASTIC CORP [SCHL] | | | | | | | | eck all appli Direct | , | | 10% Owner Other (specify | |
|--|---|--|---|--------|------------------------------|--|----------|------|---|---------------------------------------|------------------|---|--|--|--|----------------|--|---|
| (Last) (First) (Middle) C/O CORPORATE SECRETARY SCHOLASTIC CORPORATION, 557 BROADWAY | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/17/2013 | | | | | | | | below) | | | | |
| (Street) NEW YORK NY 10012 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | n-Deri | vativ | e Se | curities | s Ac | quired, [| Disp | osed o | f, or Be | neficial | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | Execution | | | Code (Ir | Transaction Dispos Code (Instr. 5) | | rities Acquired (A) or ed Of (D) (Instr. 3, 4 an | | Benefici | es ally Following | Form (D) o | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transac (Instr. 3 | ion(s) | | | |
| Common Stock 09/17. | | | | | | | 2013 | | A | | 3,480 |) A | \$30.1 | 7 55 | 55,935 | | D | |
| | | - | Table II - | | | | | | uired, Di , options | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | 4. Transa Code (8) | | of | | 6. Date Exe Expiration (Month/Day | Date | | of Securities | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | | | | |
| Employee stock option (right to | \$30.17 | 09/17/2013 | | | A | | 51,806 | | (1) | 0 | 9/17/2023 | Common Stock | 51,806 | \$0 | 51,80 | 6 | D | |

Explanation of Responses:

1. The grant becomes exercisable in four equal installments beginning with the first anniversary of the date of grant.

Margery W. Mayer, by Teresa M. Connelly, Attorney-in-fact

09/19/2013

** 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.