FORM 4

## TIES AND EYCHANGE COMMISSION **UNITED STATES SECURI**

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Washington, D.C. 20549	OMB APPROVAL		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-02	

OIVID ALT NOVAL											
OMB Number:	3235-0287										
Estimated average burden											
hours per response	9: 0.5										

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(c). Se	ee Instruction	10.																	
Name and Address of Reporting Person*  Li Linda						2. Issuer Name <b>and</b> Ticker or Trading Symbol SCHOLASTIC CORP [ SCHL ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>Li Linda</u>													<b>V</b>	✓ Director			10% Ov	vner	
(Last)		3. Date of Earliest Transaction (Month/Day/Year) 09/18/2024								Office below	er (give title		Other (s below)	specify					
C/O CORPORATE SECRETARY													1						
SCHOLA	ASTIC, 55	7 BROADWAY			4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Inc	6. Individual or Joint/Group Filing (Check Applicable						
(Street)					1										Form filed by One Reporting Person				
NEW YO	ORK N	Y 1	0012												Form filed by More than One Reporting Person				
(City)	(5	tate) (2	Zip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	ficial	y Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,		Date,				es Acquired (A) Of (D) (Instr. 3, 4			5. Amo Securi Benefi Owned Report	ties cially Following	Form:	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	or F	rice	Transa	ction(s) 3 and 4)			(111341. 4)
Common	Stock			09/18/2	2024				A		3,920(1)	A \$31.8		\$31.88	9,168		I	D	
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. Conversior or Exercise Price of Derivative Security	Conversion or Exercise (Month/Day/Year)  Defivative  Date (Month/Day/Year)  Execution Date, if any (Month/Day/Year)			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable an Expiration Date (Month/Day/Year)		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Str.	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Or Fo Di or (I)	o. wnership orm: irect (D) r Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	Code V (A) (D		(D)	Date Exercisable		Expiration Date	Title	Amo or Num of Shar	ber					

## **Explanation of Responses:**

1. Represents a grant of restricted stock units under the Amended and Restated Scholastic Corporation Outside Directors Stock Incentive Plan, all of which are scheduled to vest on the earlier of September 18, 2025 or the date of the Company's 2025 annual stockholder meeting.

/s/ Linda Li by Andrew S. Hedden, Esq., Attorney-in-

09/20/2024

Fact

\*\* 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.