FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average l | nurdon | | | | | | | |

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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| Name and Address of Reporting Person* Alonso Andres A | | | | | 2. Issuer Name and Ticker or Trading Symbol SCHOLASTIC CORP [SCHL] | | | | | | | | | | | | o Issuer % Owner | | |
|--|---|--------|-----------|--------------|--|--|---------------|-------------------------|------------|--|---|----------------------|---------|--|---|---|---|-------------------------|--|
| (Last) (First) (Middle) C/O CORPORATE SECRETARY, | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/25/2017 | | | | | | | | | Offic belov | er (give title w) | | ner (specify ow) | / | |
| SCHOLASTIC CORPORATION, 557 BROADWAY | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) NEW YO | ORK N | Ý 1 | 10012 | | | | | | | | | | | X | | n filed by One n filed by Moi son | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | e I - N | on-Deriv | ative | Seci | 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, | | Code (Instr. | | | s Acquired (A) or f (D) (Instr. 3, 4 an | | nd 5) Secui Benet | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Benefic | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | Code | v | Amount | Amount (A) or (D) Price | | | Transaction(s) (Instr. 3 and 4) | | | (111341.4 | - , | | | | |
| Common Stock 04/25/20 | | | | | .017 | | | | S | | 964 | D | \$43.4 | 76 ⁽¹⁾ | | 1,089 | 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) | Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any | | ion Date, | Code (8) | Transaction Code (Instr. B) S | | sed . 3, 4 | 6. Date Expira (Month | tion Day/\ | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4) Amount or Number of Title Shares | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (I or Indire (I) (Instr | Benefic Owners ct (Instr. 4 | irect icial rship | |

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 \$43.47-\$43.48, inclusive. The reporting person undertakes to provide to Scholastic Corporation, any holder of Scholastic Corporation 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.

Andres Alonso, by Teresa M. Connelly, Esq., Attorney-in-

04/27/2017

Date

fact

** Signature of Reporting Person

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.