FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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* HEDDEN ANDREWS S | | | | | | 2. Issuer Name and Ticker or Trading Symbol SCHOLASTIC CORP [SCHL] | | | | | | | | 5. Relationship of Reporting Pers (Check all applicable) X Director | | | ., | ssuer Owner |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--|------------------------|--------------|--------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------------|---|--------------------------------------------------------------------------------------------|--------|--------|------------------------------------|----------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------|----------------|
| (Last) (First) (Middle) C/O CORPORATE SECRETARY, SCHOLASTIC CORP | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/09/2012 | | | | | | | | X | Officer (give title below) EVP, General | | below | (specify) |
| 557 BROADWAY (Street) NEW YORK NY 10012 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 3. Indiv Line) | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | Pers | | · | Ů | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/ | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 3 | | | | i 5) | Securities Beneficially | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Trans | ed ction(s) 3 and 4) | | (Instr. 4) |
| Common Stock 10/09/20 | | | | | 2012 | 12 | | F | | 736(1) | D | \$33.6 | 3.635(1) | | 8,609 | D | | |
| Common Stock | | | | | | | | | | | | | | | | 2,000 | I | In IRA |
| 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. Conversion Date Date (Month/Day/Year) Price of Derivative Security 3. Transaction Date Execution Date if any (Month/Day/Year) | | on Date, (Day/Year) | Code (8) | ansaction ode (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | and t of ies y/ing ive y (Instr. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. Represents shares withheld to cover taxes owed upon the vesting of 1,863 restricted stock units.

Andrew S. Hedden, by Teresa M. Connelly, Attorney-in-fact

10/12/2012

** 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.