FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	
Section 16. Form 4 or Form 5	
obligations may continue. See	

## 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* FORD BETH						2. Issuer Name and Ticker or Trading Symbol SCHOLASTIC CORP [ SCHL ]									all applicable)  Director  Officer (give title		ng Person(s) to Issur 10% Owr Other (sp below)		vner	
(Last) (First) (Middle) C/O CORPORATE SECRETARY							3. Date of Earliest Transaction (Month/Day/Year) 09/01/2004									Senior Vice Pr				
SCHOL	ASTIC CO	RPORATION 55	7 BROAI	OWAY		16 A		D-4	.f O.:i-:i-: - I !	-:I	/A 4 + l - /D -	() ()		· 11:		l-i-+/0		. (Ob l - A	- Un a la la	
(Street) NEW YORK NY 10012 (City) (State) (Zip)					. 4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)      X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
		Tab	le I - Noi	າ-Deriv	/ative	e Se	curities	s Acc	auired.	Dist	oosed o	of. or Be	enefici	allv	Owned					
1. Title of Security (Instr. 3)  2. Trans Date (Month/				action	n	2A. Deeme Execution if any (Month/Da	ed Date,	3. Transa Code (I	ction	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			or 5. Ar 4 and Secu Bene Own		mount of curities reficially ned Following		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or Pric	e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 09/20					0/200	2004			A		3,333 <sup>(2)</sup> A		. (	2)	3,333			D		
			Table II -						uired, D , option						wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date, 1	4. Transaction Code (Instr. 8)		5. Numbor of Derivati Securiti Acquire (A) or Dispose of (D) (II 3, 4 and	ive ies ed ed nstr.	6. Date Ex Expiration (Month/Da	Date	of Securiti		ties ng e Securi		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 (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		expiration pate	Title	Amou or Numb of Shares	er						
Employee Stock Option (right to buy)	\$29.19	09/20/2004			A		15,000		(1)	0	9/20/2014	Common Stock	15,00	00	\$0	15,000	0	D		
Restricted Stock	(3)	09/01/2004			A		607		09/01/200	7 0	9/01/2019	Common	607	,	\$19.76	607		D		

## **Explanation of Responses:**

- 1. Vests annually in four equal installments beginning on the first anniversary of the grant date.
- 2. Represents a grant of restricted stock units under the Scholastic Corporation 2001 Stock Incentive Plan that vests annually in four equal installments beginning on the first anniversary of the date of grant.
- 3. Acquired under the Scholastic Corporation Management Stock Purchase Plan in lieu of cash bonus; to be converted into shares of Common Stock on a one-for-one basis upon expiration of the deferral period selected by the reporting person.

Teresa M. Connelly, Attorneyin-fact

09/22/2004

Stock

\*\* 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.