FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burd	len								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* JEMISON MAE						2. Issuer Name and Ticker or Trading Symbol SCHOLASTIC CORP [SCHL]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
											-			X Direct	or		10% Ov	wner	
,					-									Office	r (give title		Other (s	specify	
(Last)	(Fi	irst)	(Middle)		3. 0	3. Date of Earliest Transaction (Month/Day/Year)											below)		
		SECRETARY, S	09/	09/23/2009															
	KFOKATE	SECKETAKI, S	CHOLA) I IC															
CORP																			
557 BROADWAY							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
, a					-									X Form	filed by One	e Rep	orting Perso	n	
(Street)															•		•		
NEW YORK NY 10012													Perso		re mar	n One Repo	rurig		
(City)	(5	tate)	(Zip)		-														
(City)	(5	tute)	(Zip)																
		Tab	le I - No	n-Deriv	/ative	e Se	curitie	s Ac	quired,	Dis	posed o	of, or Be	neficia	ly Owne	d				
1. Title of Security (Instr. 3) 2. Transac							ction 2A. Deemed						ies Acquired (A) or					7. Nature	
Date					Dov/Vo	Execution Date,						d Of (D) (Instr. 3, 4 and		Securities Beneficially				of Indirect Beneficial	
(Month/Day						ay/Year) if any (Month/Day/Year			Code (Instr. 5)					Owned				Ownership	
) '			· 		1			Reporte	d i		·	(Instr. 4)	
										V	Amount (A) or (D)		Price	(Instr. 3	Transaction(s) (Instr. 3 and 4)				
Common Stock 09/23/							2009		A		1,200	(1) A	(1)	4,	4,604		D		
			-1-1-11	D	4:	~		A			6		- 6: - : - 11-				<u> </u>		
									uirea, ס , option					Owned					
				(e.g., p	Juis,	Call	s, waii	anıs	, option	S, C	onveru	Die Seci	irities)						
1. Title of	2. 3. Transaction 3A. Deemed						5. Num	nber	6. Date Exercisable					8. Price of			10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution if any		Transactio Code (Inst 8)				Expiration Day (Month/Day/Ye			Amount of Securities		Derivative Security	derivative Securities		Ownership Form:	p of Indirect Beneficial	
(Instr. 3)	Price of	(Month/Day/Year)	II any (Month/Da						(wonth/Day	// rea	')	Underlyin		(Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)	
` ,	Derivative		l`		•		Acquired				Derivative S			l` ′					
	Security						(A) or Dispos	has			(Instr. 3 and 4)			Following Reported		(I) (Instr. 4)			
							of (D)	-							Transaction(s)				
							(Instr. 3, 4 and 5)								(Instr. 4)				
				ŀ			anu 5)												
													Amount						
										- 1 -			Number						
					Code	v	(A)		Date Exercisable		xpiration ate	Title	of Shares						
Outside										\top					<u> </u>	\neg			
Director												_							
stock	\$24.54	09/23/2009			Α		3,000		09/23/2010	09	9/23/2019	Common Stock	3,000	\$0	3,000)	D		
option (right to	l											Stock							
buv)	l	l	l			1		1				I	l	l	1		1	1	

Explanation of Responses:

1. Represents a grant of restricted stock units under the Scholastic Corporation 2007 Outside Directors Stock Incentive Plan, all of which are scheduled to vest on September 23, 2010.

Mae C. Jemison, by Teresa M.

Connelly, Esq., Attorney-in-

fact

** Signature of Reporting Person Date

09/24/2009

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.