FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S IN BENEFICIA | L OWNERSHIP |
|------------------|------------|----------------|-------------|

| | OMB APPRO | VAL | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | |
| l | Estimated average burden | | | | | | |
| l | hours per response: | 0.5 | | | | | |

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* OCONNELL MAUREEN (Last) (First) (Middle) | | | | | | 2. Issuer Name and Ticker or Trading Symbol SCHOLASTIC CORP [SCHL] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | all app Direc | olicable) ctor er (give title v) | below | Owner (specify | |
|--|--|---------|---------|-----------|--|--|--------|---|--|----------|--|---|--|---|------------------|--|---|--|--|
| C/O CORP. SECRETARY- SCHOLASTIC CORP 557 BROADWAY | | | | | | 10/09/2012 | | | | | | | | EVP, CAO & CFO | | | | | |
| (Street) NEW YORK NY 10012 | | | | - 4. 11 | 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 | | | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | e I - N | on-Deri | /ative | Sec | uritie | s Ac | quire | d, Di | sposed o | f, or B | enefic | ially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y | | | | | | Execution Date, | | | | | s Acquired (A) or f (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | (1130.4) | | |
| Common Stock 10/09/202 | | | | | 2012 | .2 | | F | | 1,568(1) | D | \$33.6 | 35(1) | 5 | 5,163 | D | | | |
| Common Stock | | | | | | | | | | | | | | 25 | | I | By minor son, as custodian | | |
| 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) | erivative Conversion Date Execution Date, Trecurity or Exercise (Month/Day/Year) if any Co | | | | Transa | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | vative rities nired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | or Number of Shares | | | | | | |

Explanation of Responses:

1. Represents shares withheld to cover taxes owed upon the vesting of 3,460 restricted stock units.

Maureen O'Connell, by Teresa

M Connelly, Esq, attorney-in- 10/10/2012

<u>fact</u>

** 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.