Instruction 1(b).

FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

			2 1	2 Jacuar Name and Tiples or Trading Combal										uor						
1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol SCHOLASTIC CORP [SCHL]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u>Lucchese Iole</u>				150	SCHOLASTIC COM [SCHL]								X	X Director			10% Ow	ner		
					· L									X Officer (give title				Other (s	pecify	
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year)								below) below) EVP, Chief Strategy Officer								
1	RPORATE	SECRETARY, S	CHOLAS	TIC	09/	/22/2	021								LVI	, Cillei 3	uateg	y Officer		
CORP																				
557 BROADWAY					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Ctroot)															Line)					
(Street) NEW YO	ORK N	V	10012											X Form filed by One Reporting Person						
NEW FORK INT 10012												Form filed by More than One Reporting Person								
(City)	(S	tate)	(Zip)																	
		Tab	le I - Nor	n-Deriv	ative	e Se	curities	s Ac	quired,	Dis	posed o	f, or Be	neficia	lly (Owned					
1. Title of S	Security (Inst	tr. 3)		2. Transa	action						ed (A) or	or 5. Amount of					7. Nature			
Date (Mor				e onth/Day/Year)		Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 8)				tr. 3, 4 an	4 and Securitie Beneficial Owned F Reported		ally (D)	(D) or	or Indirect	of Indirect Beneficial		
																Ownership (Instr. 4)				
							Code	v	Amount (A) or (D)		Price		Transaction(s) (Instr. 3 and 4)							
Common Stock 09/22/				2/2021	/2021		A		8,920	0 A \$3		63	55,472			D				
Common Stock 09/22/				2/2021	1			F		1,735	(1) D	\$33.	33.63 53,7		737 D		D			
		-	Гable II -	Deriva	tive :	Sec	urities	Acqı	uired, D	isp	osed of,	or Ben	eficiall	y Ov	wned					
				(e.g., p	uts,	call	s, warr	ants	, option	ıs, c	onvertil	ble secu	ırities)							
1. Title of 2. 3. Transaction 3A. Deemed				Date, Transac				6. Date Exercisable and Fxpiration Date 7. Title and Amo					Price of erivative	9. Number		10. Ownership	11. Nature of Indirect			
Derivative Conversion Date Execution Date Security or Exercise (Month/Day/Year) if any			. Derivative ((Month/Da		ar) Underlying		ıg	Security		Securities Beneficially		Form:	Beneficial				
(Month/Day/Year) 8					3)	Acquired (Instr. 3 and 4						(in	istr. 5)	Owned	1	Direct (D) or Indirect	Ownership (Instr. 4)			
	Security						(A) or Disposed									Following Reported		(I) (Instr. 4)		
							of (D) (Instr. 3, 4 and 5)									Transaction(s) (Instr. 4)	on(s)	'		
										Amoun										
													or Number							
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	of Shares							
Employee							 			\dashv				╁						
stock option	\$33.63	09/22/2021			A		25,809		(2)		09/22/2028	Common	25,809	,	\$0	25.809		D		
(right to buy)	Φ 23.03	03/22/2021			A		25,009		(-)	1	JJ14414U48	Stock	23,00		Φυ	25,608		D		

Explanation of Responses:

- 1. Represents shares withheld to cover taxes owed upon the vesting of 4,847 restricted stock units
- 2. The grant becomes exercisable in three equal annual installments beginning with the first anniversary of the date of grant.

<u>Iole Lucchese</u>, <u>by Teresa M.</u> Connelly, Attorney-in-fact

09/24/2021

** 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.