FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549	
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**OMB APPROVAL** 

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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(0). 0	ee instruction																			
Name and Address of Reporting Person*  Lucchese Iole					2. Issuer Name <b>and</b> Ticker or Trading Symbol SCHOLASTIC CORP SCHL									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Lucchese 101e														1	Direc			10% O		
(Last)	(Fi	Date of Earliest Transaction (Month/Day/Year)								—	Officer (give title below)			e Other ( below)		specify				
(Last) (First) (Middle)  C/O CORPORATE SECRETARY, SCHOLASTIC						09/23/2024								EVP & CHIEF STRATEGY OFFICER						
557 BRC	OADWAY																			
(Street)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)									
NEW YORK NY 10012														Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(St	ate) (2	Zip)												Perso		ore trial	ii Olie Rep	orting	
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			1 - 140					AUU		, טוט	<u>-</u>	-						1	- 11 / -	
Date				2. Transact Date (Month/Day		Execu	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction [		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Securit Benefic Owned		ies :ially Following	Form	: Direct · Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	1	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	09/23/2024				F		1,003(1)	D	\$31	.26	26 72,304		D							
																			Estate of	
Common Stock															579	,247(2)			M. Richard	
																			Robinson	
		Tal	ble II -	Derivati	ve Se	curit	ies A	cqu	ired, l	Disp	osed of,	or Be	neficia	ally	Owne	d				
				(e.g., pu	its, ca	alls, v	varra	nts,	optio	ns, o	convertib	le sec	curitie	s)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	rsion crise (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Transaction Code (Instr. 8) Execution Date, if any (Month/Day/Year) Secutive ty				5. Num of Deriva Securi Acquii (A) or Dispos of (D) (Instr. and 5)	ative ities red sed 3, 4	Expiration Date (Month/Day/Year) Securi Under Deriva Securi 3 and					De Se (In	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares							
Evolanation							,	ν-,						1						

- 1. Represents shares withheld to cover taxes owed upon the vesting of 2,974 restricted stock units.
- 2. As previously disclosed, Ms. Lucchese is a preliminary executor of the Estate of M. Richard Robinson, Jr. These securities are held by the Estate of M. Richard Robinson, Jr. Ms. Lucchese disclaims beneficial ownership of these securities except to the extent of her pecuniary interest therein.

/s/ Iole Lucchese, by Andrew 09/24/2024 S. Hedden, Esq., Attorney-in-

fact

\*\* 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.