FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	
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OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

0.5

hours per response:

	Check this box if no longer subject to
-	Section 16. Form 4 or Form 5
	obligations may continue. See
	Instruction 1(h)

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	10.																		
Name and Address of Reporting Person* HEDDEN ANDREWS S						2. Issuer Name and Ticker or Trading Symbol SCHOLASTIC CORP SCHL									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
HEDDEN ANDREWS 5										-	-				Direc			% Ow		
,															Office below	er (give title		her (s low)	pecify	
(Last)	Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									, GENER		,		
C/O CORPORATE SECRETARY, SCHOLASTIC					09/2	09/26/2024									2,1	, GENERO	IL COU	,DLL	·	
557 BROADWAY																				
					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)						, <u>,</u>									Line)					
NEW YO	ORK N	Y 1	0012												Form filed by One Reporting Person					
															Form filed by More than One Reporting Person					
(City)	(9)	rate) (2	Zip)												1 6130)II				
(Oity)	(0)	.ate) (2	<u>-ip)</u>																	
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or I	Bene	ficial	ly Own	ed				
1. Title of	Security (Ins	tr. 3)		2. Transac	tion					3. 4. Securities Acquired (A				A) or	5. Amount of				7. Nature	
				Date (Month/Da	y/Year)	Execution Date,			Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)			8, 4 and	Securi Benefi		Form: Dire (D) or Indir		of Indirect Beneficial			
				ļ ·	(Month/Day/Year)			8)				Owned Following Reported		(I) (Instr. 4)		Ownership (Instr. 4)				
								Code	v	Amount	(A) (D)	or	Price	Transa	Transaction(s) (Instr. 3 and 4)		- [`			
									+			(0)			<u>'</u>		i	_		
Common Stock 09/26/2					2024				F		1,091 ⁽¹⁾ D)	\$30.02	70,315		D			
		Tal		Derivati	VA S	Curi	tios A	Δcan	ired I	Dien	osed of	or Bo	nofi	cially	Owne	d	,		<u> </u>	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of	2.	3. Transaction	3A. Dec	emed	4.		5. Nu	ımber	6. Date	Exerc	isable and	7. Tit	le and	8	. Price of	9. Number			11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any		Transa Code (Expiration Date Amount of (Month/Day/Year) Securities					erivative security	derivative Securities	Owner Form:	rship	of Indirect Beneficial		
(Instr. 3) Price of			(Month	/Day/Year)	8)		Securities		`				Underlying		nstr. 5)	Beneficiall	y Direct	Direct (D)	Ownership	
	Derivative Security		l				Acquired (A) or		Derivativ Security					ıstr.		Owned Following	or Ind (I) (Ins		(Instr. 4)	
			l					Disposed of (D)					3 and 4)			Reported Transaction(s)	1	` , (
			l					ŕ. 3, 4								(Instr. 4)	n(s)			
					<u></u>		and 5)					<u> </u>								
													Amo	unt						
													or Num	ber						
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	of Shar	res						
							L` '									l				

Explanation of Responses:

1. Represents shares withheld to cover taxes owed upon the vesting of 2,705 restricted stock units

/s/ Andrew S. Hedden, Esq. 09/27/2024

** 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.