SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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

1. Name and Address of Reporting Person* Peter Warwick	2. Date of Event Requiring Staten (Month/Day/Year 09/24/2014	nent 🚺	3. Issuer Name and Ticker or Trading Symbol <u>SCHOLASTIC CORP</u> [SCHL]						
(Last) (First) (Middle) SCHOLASTIC INC.				tionship of Reporting Persc all applicable) Director			5. If Amendment, Date of Original Filed (Month/Day/Year)		
557 BROADWAY				Officer (give title below)	Other (spe below)		Applicable Line)	t/Group Filing (Check	
(Street) NEW YORK NY 10012								by One Reporting Person by More than One Person	
(City) (State) (Zip)									
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)			. Amount of Securities teneficially Owned (Instr. 4) 3. Ownership Form: Direct (D or Indirect (I) (Instr. 5)		ct(D) (I	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock				0	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
Ex		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securit Underlying Derivative Security		4. Convers or Exerc Price of	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Explanation of Responses:	Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Derivativ Security			

Peter Warwick by Teresa M.

09/26/2014 Connelly, 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 5 (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.