FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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Estimated average burden 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 | | | | | | 2. Issuer Name and Ticker or Trading Symbol SCHOLASTIC CORP [SCHL] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (speci | | | | Owner |
|--|--|--|--|-------|--------------------------------|--|-----|------|-----------------------------------|---------|--|---------------|---|---------------------|--|--------|---|---|--|
| (Last) (First) (Middle) C/O CORP. SECRETARY- SCHOLASTIC CORP 557 BROADWAY | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/24/2015 | | | | | | | | | X Officer (give title Other (specify below) EVP, CAO & CFO | | | | |
| (Street) NEW YORK NY 10012 | | | | | 4. If | 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) | (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | action | ction 2A. Deemed Execution Date, | | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, | | | (A) or | or 5. Amo and Securit Benefic | | ount of ties cially I Following | 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 | - 1- | Transaction(s) (Instr. 3 and 4) | | | (111511.4) | |
| Common Stock 09/24/ | | | | | /2015 | 2015 | | | F | | 800(1) | D \$ | | \$42 | .7 | 45,818 | | D | |
| Common Stock | | | | | | | | | | | | | | | | | 25 | I | By minor son |
| 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) | 2. 3. Transaction Date (Month/Day/Year) Grecurity 3. Transaction Date Execution Date (Month/Day/Year) (Month/Day/Year) | | | Date, | Date, Transactio Code (Inst | | | | 6. Date I Expiration (Month/I | on Date | r) Amour Securi Under Deriva | | nount of ecurities inderlying erivative ecurity (Instr. 3 | | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nun of | ount nber res | | | | | |

Explanation of Responses:

1. Represents shares withheld to cover taxes owed upon the vesting of 1,550 restricted stock units.

<u>Maureen O'Connell, by Teresa</u> <u>M Connelly, Esq, Attorney-in-</u> 02/11/2016

<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.