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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

		Washing		205/	٩					
	Start Elvie UT OF CHARGES IN DERCEPCIAL CONNERSTIP Estimated average burden hours per response: 0. Image: Start Elvie UT OF CHARGES IN DERCEPCIAL CONNERSTIP Estimated average burden hours per response: 0. Image: Start Elvie UT OF CHARGES IN DERCEPCIAL CONNERSTIP Estimated average burden hours per response: 0. Image: Start Elvie UT OF CHARGES IN DERCEPCIAL CONNERSTIP Estimated average burden hours per response: 0. Address of Reporting Person* ELL MAUREEN S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner K (Middle) 2. 2. SECRETARY- SCHOLASTIC LDWAY 10012 3. Date of Earliest Transaction (Month/Day/Year) 5. Individual or Joint/Group Filing (Check Applicable) Director 2. Transaction (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned Curity (Instr. 3) 2. Transaction Date (Month/Day/Year) 3. Acceened Execution Date, (Month/Day/Year) 3. Acceened Execution Date, (Month/Day/Year) 5. Amount of Securities Scourities Couries Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) 5. Amount of Securities Deficially 6. Ownership Form: Direct Direct Beneficially	OMB APPROVAL								
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	Filed pursuar	nt to Section 16(a) o	of the Sec	curitie	es Exchange A	ct of 193			stimated average bur	3235-0287 den 0.5
1. Name and Address of Reporting Person* OCONNELL MAUREEN (Last) (First) (Middle) C/O CORP. SECRETARY- SCHOLASTIC 557 BROADWAY	3. Date	OLASTIC CO	<u> ORP [</u>	SCH	IL]		(Check	k all applicable) Director Officer (give t below)	itle Othe	Owner r (specify
(Street) NEW YORK NY 10012	4. If Am	nendment, Date of C	Driginal F	iled (Month/Day/Ye	Line)	Form filed by Form filed by	by One Reporting Person		
(City) (State) (Zip)										
Table I - Nor	n-Derivative S	ecurities Acq	uired, I	Disp	osed of, o	r Bene	ficially	Owned		
1. Title of Security (Instr. 3)	Date	Execution Date, if any	Transac Code (Ir		4. Securities / Disposed Of (Acquired D) (Instr.	(A) or 3, 4 and 5)	Securities Beneficially Owned Followin	Form: Direct (D) or Indirect	Beneficial Ownership
			Code V		Amount	(A) or (D)	Price	Transaction(s)		(instr. 4)
		curities Acqui IIs, warrants, (,					wned		

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
Employee Stock Option	\$34.84	12/11/2007		A		100,000		(1)	12/11/2017	Common Stock	100,000	\$0	100,000	D	

Explanation of Responses:

1. Vests annually in four equal installments beginning on the first anniversary of the grant date.

<u>Maureen O'Connell, by Paul</u> <u>Marcotrigiano, Attorney-in-fact</u>

12/13/2007

** 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.