FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERS

| . 200-10 | OMB APPROVAL | | | | |
|-------------------------------|--------------------------|-----------|--|--|--|
| BENEFICIAL OWNERSHIP | OMB Number: | 3235-0287 | | | |
| SERVER TO INCE OTT THE ROTTIN | 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 * $\underline{ROOME\ HUGH\ R}$ | | | | | 2. Issuer Name and Ticker or Trading Symbol SCHOLASTIC CORP [SCHL] | | | | | | | | (Ch | eck all appli | cable) or | ng Person(s) to Iss 10% Ov Other (s | | /ner |
|---|------------------------|--------------|--------------------------------|---|--|------------------|---|------|---|-------------------|---|--|---|---|---|---|---|---------------------------------------|
| (Last) (First) (Middle) C/O CORPORATE SECRETARY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/24/2004 | | | | | | | | helow) | Officer (give title below) Executive Vice | | | респу | |
| SCHOL | ASTIC COI | RPORATION 55 | 7 BROAD | WAY | | | | | (0:: 15: | 101 | | | | | | | /OL . I.A. | |
| (Street) NEW YORK NY 10012 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 05/26/2004 | | | | | | Line | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | |
| | | Tak | le I - Non- | -Deriva | ative | Se | curities | s Ac | quired, Di | isposed | of, o | r Ber | neficial | y Owned | l | | | |
| Date | | | 2. Transa Date (Month/Da | Execut Day/Year) if any | | Execution if any | A. Deemed xecution Date, any lonth/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5) | | | Securitie Benefici Owned F | 5. Amount of Securities Beneficially Owned Following | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code V | Amou | nt | (A) or (D) | Price | Reported Transact (Instr. 3 | tion(s) | | | (Instr. 4) |
| | | - | Table II - D | | | | | | uired, Dis , options, | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Ye | | | Execution Date, if any | | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | of S Und Der | 7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Co | ode ' | v | (A) | (D) | Date Exercisable | Expiratio Date | n Title | e | Amount or Number of Shares | | | | | |
| Employee Stock Option (right to buy) | \$28.11 ⁽²⁾ | 05/24/2004 | | | A | | 50,000 | | (1) | 05/24/201 | | mmon tock | 50,000 | \$0 | 50,000 |) | D | |

Explanation of Responses:

- 1. The option grant vests in four equal annual installments beginning on the first anniversary of the date of grant.
- 2. This amended report is being filed in order to report the corrected exercise price of \$28.11 instead of \$27.51 as was originally reported.

Teresa M. Connelly, Attorney-

in-fact

07/15/2004

** 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.