FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vachinaton | D.C. 20549 | |
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| vasnington. | D.C. 20549 | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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. Issuer Name and Ticker or Trading Symbol SCHOLASTIC CORP [SCHL] | | | | | | | | | ationship k all app Direc | licable) | ting Person(s) to Issuer | | | |
|--|---|------------------------|-----------------------------|----------------|---|----------------------------------|--|----------------------|---|---|--------------------|---------------------------------|---|--|--|--|--|--|------------|
| ı | (Fir | st) (N SECRETARY, S | /liddle) | ASTIC | 3. Date of Earliest Transaction (Month/Day/Year) 08/02/2024 | | | | | | | | V | Officer (give title below) | | Other (specify below) NT & CEO | | | |
| CORP 557 BROADWAY | | | | 4. If <i>F</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Indi Line) | | | | | | | |
| (Street) NEW YO | Street) NEW YORK NY 10012 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (Z | Zip) | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | nded to | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | , or E | Benefi | icially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | Execution Da | | Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | 4 and Securi Benefi Owned | | cially I Following | Form: | Direct Indirect It. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) Pr | | ice | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 08/02/2 | | | | 2024 | | | | F 6,125 ⁽ | | 6,125(1) | D | \$3 | 30.19 | 19 98,224 | | | D | | |
| 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) | ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | Transaction Code (Instr. 8) | | of | ired r osed) : 3, 4 | 6. Date Exerc Expiration Da (Month/Day/Y | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Der Sed (Ins | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y Oi Oi Oi (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amour or Number of Shares | er | | | | | |

Explanation of Responses:

1. Represents shares withheld to cover taxes owed upon the vesting of 11,075 restricted stock units

/s/ Peter W. Warwick by

Andrew S. Hedden, Attorney- 08/06/2024

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 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.