FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL OWNERSH | 4IP |
|--|--|-----|
| Section 16. Form 4 or Form 5 | | |
| obligations may continue. See | | |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

| Instruction 1(b). | or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | |
|--|--|----------|--|--|--|--|--|--|--|
| Name and Address of Reporting Person* KEENE LINDA B | 2. Issuer Name and Ticker or Trading Symbol SCHOLASTIC CORP [SCHL] | 5. (C | | | | | | | |

| 1. Name and Address of Reporting Person* KEENE LINDA B | | | | er Name and Ticke <u>OLASTIC</u> C | | | , | | ationship of Reportin k all applicable) Director Officer (give title | 10% C | | |
|---|---------------------------------------|----------------|--|---|---|--------|---------------|--------|---|---|---|-----|
| | (First) XTE SECRETAR CORPORATIO | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/20/2004 | | | | | | below) below EVP, Marketing | |)`` |
| (Street) NEW YORK (City) | NY (State) | 10012 (Zip) | 4. If Am | nendment, Date of (| Original | Filed | (Month/Day/Ye | ear) | 6. Indi Line) X | vidual or Joint/Group Form filed by One Form filed by Moi Person | e Reporting Pers | son |
| | | Table I - Non- | -Derivative S | ecurities Acqu | uired, | Disp | osed of, o | r Bene | ficially | Owned | | |
| Date | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | Code | v | Amount | (A) or (D) | | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | |

| | | | <u> </u> | | | | | | <u>'</u> | | | | · · | | |
|---|--|--|---|------------------------------|---|--|---------------------------------|---|--------------------|---|--|---|--|--|--|
| | 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. 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) | | 5. Numl of Derivati Securiti Acquire (A) or Dispose of (D) (I 3, 4 and | ive ies ed ed nstr. | 6. Date Exerc Expiration Da (Month/Day/\) | ate | 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) (Instr. 4) | 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 | | | | |
| Employee Stock Option | \$29.24 | 07/20/2004 | | A | | 25,000 | | (1) | 07/20/2014 | Common Stock | 25,000 | \$0 | 25,000 | D | |

Explanation of Responses:

(right to

1. The option grant vests in two equal installments beginning on the first anniversary of the grant date.

Teresa M. Connelly, Attorney-

in-fact

Common Stock

** 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.