FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

KI I	IE2	AND EX	CHANGE	COMINIS	2210
		D 0 00540			

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(0). 00	ee instruction	0.																			
Name and Address of Reporting Person* Dumont Robert Louis						2. Issuer Name and Ticker or Trading Symbol SCHOLASTIC CORP [SCHL]							(Cl	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Dullion	ii Koberi	Louis				[50.11]									√	Direct	or		10% Ov	vner	
(Last) (First) (Middle) C/O CORPORATE SECRETARY, SCHOLASTIC					3. Date of Earliest Transaction (Month/Day/Year) 09/18/2024										Office	r (give title		Other (s below)	specify		
557 BROADWAY														+							
					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)															Form filed by One Reporting Person						
NEW YORK NY 10012														Form filed by More than One Reporting Person							
(City)	(St	ate) (2	Zip)												·						
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	, Dis	posed of	, or l	Ben	eficia	ally O	wne	∍d				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquir Disposed Of (D) (Instr. 5)			uired (Instr.	(A) or 3, 4 an	d Se	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) (D)) or)	Price	Tra	Transaction(s) (Instr. 3 and 4)				(111501.4)	
Common Stock 09/18/2					2024				A		3,920(1)	A \$		\$31.8	88	8 10,634			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)	ative Conversion or Exercise (Month/Day/Year) 3) Price of Derivative Security Execution Date, if any (Month/Day/Year) 8)		ion Date,	Transaction Code (Instr.		of Deriv	r osed) r. 3, 4	Expiratio (Month/D ties red sed 3, 4			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		g nstr.			9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	or Nur of	ount mber ires									

Explanation of Responses:

1. Represents a grant of restricted stock units under the Amended and Restated Scholastic Corporation Outside Directors Stock Incentive Plan, all of which are scheduled to vest on the earlier of September 18, 2025 or the date of the Company's 2025 annual stockholder meeting.

/s/ Robert Louis Dumont, by Andrew S. Hedden, Esq.,

Attorney-in-Fact

09/20/2024

** 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.