FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES IN | BENEFICIAL | OWNERSHIP |
|-----------|---------------|------------|-----------|

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
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hours per response:

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* OLIVER AUGUSTUS K | | | | | | 2. Issuer Name and Ticker or Trading Symbol SCHOLASTIC CORP [SCHL] | | | | | | | | | | k all appli Directo | tionship of Reporti all applicable) Director | | 10% Ov | wner | |
|---|---|--|---|-----------------|--|--|---------|--|---------------|--|---|------------------|--|--|---|--|---|---|--|---|--|
| (Last) C/O COI CORP | (First) (Middle) RPORATE SECRETARY, SCHOLASTIC | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/22/2010 | | | | | | | | | | | Officer (give title below) | | Other (s below) | | |
| 557 BROADWAY | | | | 4. I1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) NEW YORK NY 10012 | | | | | | | | | | | | | X | , | | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | n-Deriv | /ative | Se | curitie | s Ac | quir | red, D | isp | osed c | of, or Be | enefic | ially | Owned | i | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | | e, Ti | Transaction Disposed Of (Code (Instr. 5) | | | ties Acquired (A) or I Of (D) (Instr. 3, 4 and | | | | s For ally (D) following (I) (| | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | С | Code V | | Amount | (A) (D) | or Pri | ce | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock 09/21/ | | | 1/201 1 | 2011 | | | A | | 1,200 | 1,200 ⁽¹⁾ A | | (1) | 11,374 | | | D | | | | | |
| | | Т | able II - | | | | | | | | | | , or Ber ble sec | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transaction Code (Instr 8) | | | | Expir | 6. Date Exercisa Expiration Date (Month/Day/Year | | | Amount of Securities Underlying Derivativ | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | . Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | | xpiration ate | Title | Amou or Numb of Share | er | | | | | | |
| Outside Director stock option (right to | \$26.73 | 09/21/2011 | | | A | | 3,000 | | 09/2 | 1/2012 | 09 | /21/2021 | Common Stock | 3,00 | 0 | \$0 | 3,000 | | D | | |

Explanation of Responses:

1. Represents a grant of restricted stock units under the Scholastic Corporation 2007 Outside Directors Stock Incentive Plan, all of which are scheduled to vest on September 21, 2012.

Augustus K. Oliver, by Teresa M. Connelly, Attorney-in-fact

09/22/2011

** 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.