Edgar Filing: OCONNELL MAUREEN - Form 4

| | L MAUREEN | | | | | | | | | | |
|---|---|-----------------|---|--|---|---|--|---|------------------|---|--|
| Form 4 | 0 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | | OMB APPROVAL | | |
| CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 | | |
| Check th if no long subject to Section 1 Form 4 of Form 5 obligation may con | ger o 16. or Filed pu ons tinue. | | | | | | | | | Expires: January 31, 2005 Estimated average burden hours per response 0.5 | |
| <i>See</i> Instr 1(b). | uction | 50(II) | | vestilient | Company | y Act | . 01 1 9 | +0 | | | |
| (Print or Type] | Responses) | | | | | | | | | | |
| | | | 2. Issuer Name and Ticker or Trading Symbol SCHOLASTIC CORP [SCHL] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) C/O CORP. SCHOLAS | 3. Date of Earliest Transaction (Month/Day/Year) 07/21/2009 | | | | | Director 10% Owner X Officer (give title Other (specify below) below) EVP, CAO & CFO | | | | | |
| | | | | endment, Date Original nnth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| NEW YOR | K, NY 10012 | | | | | | | Form filed by Person | More than One R | eporting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative S | Securi | ties Aco | quired, Disposed o | of, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Year |) Execution any | med on Date, if Day/Year) | 3. Transactic Code (Instr. 8) Code V | 4. Securities Acquired ansaction(A) or Disposed of ode (D) nstr. 8) (Instr. 3, 4 and 5) (A) or | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| Common Stock | 07/21/2009 | | | A | 21,000 | A | <u>(1)</u> | 30,493 | D | | |
| Common Stock | | | | | | | | 25 | Ι | By minor son, as custodian | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

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 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) | 4. Transactio Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Titl Amou Under Secur (Instr. | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|--|---|--|--------------------|--|--|---|---|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|----------------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| OCONNELL MAUREEN C/O CORP. SECRETARY- SCHOLASTIC 557 BROADWAY NEW YORK, NY 10012 | | | EVP, CAO & CFO | | | |
| Signatures | | | | | | |
| Maureen O'Connell, by Teresa M Connelly, Attorney-in-fact | | | 07/22/2009 | | | |
| **Signature of Reporting Person | | | Date | | | |

Explanation of Responses:

- * 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).
- (1) Represents a grant of restricted stock units (RSUs) under the Scholastic Corporation 2001 Stock Incentive Plan, 25% of the RSUs vest on August 21, 2010 and 25% of the RSUs vest on each of July 21, 2011, 2012 and 2013.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.