Edgar Filing: Cleary Kenneth J - Form 4

Cleary Kenn	eth J										
Form 4	7 2010										
September 2											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL			
Washington, D.C. 20549							OMB Number:	3235-0287			
Check thi				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	D.C. 20					January 31	
if no longer STATEMENT OF CHANGE					ES IN BENEFICIAL OWNERSHIP OF				Expires:	2005	
subject to				SECUR	SECURITIES				Estimated average burden hours per		
Form 4 o	orm 4 or						response 0.5				
Form 5 obligation	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,										
may cont								f 1935 or Section	1		
See Instru	uction	30(h)	of the In	vestment	Compan	y Ac	t of 194	10			
1(b).											
(Print or Type F	Responses)										
1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship						-	f Reporting Person(s) to				
Cleary Kenr	neth J		Symbol					Issuer			
			SCHOL	ASTIC C	ORP [S	CHL]	(Chec)	k all applicable)	
(Last)	(First) (I	Middle)	3. Date of	Earliest Tra	ansaction						
			(Month/D	-				Director X Officer (give		Owner er (specify	
C/O CORPORATE SECRETARY, 09/25/20 SCHOLASTIC CORP, 557				2018				below) below)			
BROADWA								SVP, Chief	f Accounting O	fficer	
2110112 111	(Street)		4 If Ame	ndmant Dat	ta Origina	1		6 Individual or Io	int/Group Filin	a(Chook	
· · · · · · · · · · · · · · · · · · ·			ndment, Date Original hth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
			1 1100(11101					_X_ Form filed by C			
NEW YOR	K 10012							Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	e 2A. Deen	ned	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year) Execution Date, if			Transaction(A) or Disposed of (D)			Securities	Form: Direct			
(Instr. 3)		any (Month/D	Code (Instr. 3, 4 and 5) (Day/Year) (Instr. 8)				5)	•	(D) or Indirect (I)	Beneficial Ownership	
		(WOILD)L	ay/1Cal)	(Instr. 0)				Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price	(mour c una i)			
Common Stock	09/25/2018			А	3,493	А	\$ 42.94	29,973	D		

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transactio Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D	5. Date Exercisable and Expiration Date Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Employee stock option (right to buy)	\$ 42.94	09/25/2018		А	8,540	<u>(1)</u>	09/25/2028	Common Stock	8,540	

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Cleary Kenneth J C/O CORPORATE SECRETARY, SCHOLASTIC CORP 557 BROADWAY NEW YORK 10012			SVP, Chief Accounting Officer			
Signatures						
Kenneth J. Cleary, by Teresa M. Connelly, Attorney-in-fact		09/27/2018				
**Signature of Reporting Person		Date				
Explanation of Responses						

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) The grant becomes exercisable in four equal annual installments beginning with the first anniversary of the date of grant.

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.

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