#### SCHOLASTIC CORP

Form 4

September 22, 2016

# FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB** 

Check this box if no longer subject to Section 16.

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

3235-0287 Number: January 31, Expires: 2005

**OMB APPROVAL** 

Form 4 or

Estimated average burden hours per response... 0.5

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

| 1. Name and Ad<br>Lucchese Iol | •       | orting Person * | 2. Issuer Name <b>and</b> Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer |  |  |  |
|--------------------------------|---------|-----------------|--|--|--|--|--|
|                                |         |                 | SCHOLASTIC CORP [SCHL]                             | (Check all applicable)                           |  |  |  |
| (Last)                         | (First) | (Middle)        | 3. Date of Earliest Transaction                    |  |  |  |  |
|                                |         |                 | (Month/Day/Year)                                   | Director 10% Owner                               |  |  |  |
| C/O CORPORATE SECRETARY,       |         |                 | 09/20/2016   | X Officer (give title Other (specify             |  |  |  |
| SCHOLAST                       | IC CORP | 557             |  | below) below)                                    |  |  |  |
| SCHOLINGT                      | ic com, |                 |  | EVP, Chief Strategy Officer                      |  |  |  |

**BROADWAY** 

(Street)

(State)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting Person

NEW YORK, NY 10019

(City)

| (City)                               | (State) (   | Table Table | e I - Non-D   | erivative | Secur     | ities Acq  | uired, Disposed o  | f, or Beneficial  | ly Owned |
|--------------------------------------|---|-------------|---|-----------|-----------|--|--|---|----------|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year) |             | 3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) |           |           | Securities Form<br>Beneficially (D) of<br>Owned Indire | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |          |
|                                      |   |             | Code V  | Amount    | or<br>(D) | Price  | (Instr. 3 and 4)   |   |          |
| Common<br>Stock                      | 09/20/2016  |             | F   | 218 (1)   | D         | \$ 39.21 (1)   | 24,547   | D   |          |
| Common<br>Stock                      | 09/20/2016  |             | A   | 2,681     | A         | \$<br>39.16  | 27,228   | D   |          |
| Common<br>Stock                      | 09/21/2016  |             | F   | 234 (2)   | D         | \$<br>38.56<br>(2)                                     | 26,994   | D   |          |

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

#### Edgar Filing: SCHOLASTIC CORP - Form 4

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.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5. Number of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) |                    | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) |                                     |
|---|---|---|---|--|--|--|--------------------|---|-------------------------------------|
|   |   |   |   | Code V                                 | (A) (D)  | Date<br>Exercisable                                      | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of Shares |
| Employee<br>stock<br>option<br>(right to<br>buy)    | \$ 39.16  | 09/20/2016                              |   | A                                      | 19,806   | (3)  | 09/20/2026         | Common<br>Stock   | 19,806                              |

## **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

Lucchese Iole

C/O CORPORATE SECRETARY, SCHOLASTIC CORP

557 BROADWAY

NEW YORK, NY 10019

## **Signatures**

Iole Lucchese, by Teresa M. Connelly, Attorney-in-fact

09/22/2016

EVP, Chief Strategy Officer

\*\*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 shares withheld to cover taxes owed upon the vesting of 559 restricted stock units.
- (2) Represents shares withheld to cover taxes owed upon the vesting of 602 restricted stock units
- (3) 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.

Reporting Owners 2

# Edgar Filing: SCHOLASTIC CORP - Form 4

| 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. |
|---|
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |