#### Edgar Filing: Boyko Alan J - Form 4

Boyko Alan Form 4	J										
September 2	21, 2017										
FORM	Λ4	~		~						APPROVAL	
	UNITED	) STATES		RITIES A shington			ANGE (	COMMISSION	OMB Number:		
Check th if no lon	Ger								Expires:	January 31 2005	
subject t Section Form 4 o Form 5	51AIE.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSH SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of							Estimated average burden hours per response 0.		
obligation may con <i>See</i> Instr 1(b).	tinue. Section 17	(a) of the	Public U		ding Co	mpan	y Act of	f 1935 or Section	on		
(Print or Type	Responses)										
Boyko Alan J Sym				2. Issuer Name <b>and</b> Ticker or Trading ymbol CHOLASTIC CORP [SCHL]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Che					eck all applicable)			
	ORATE SECRE TIC CORP, 557 AY	TARY,		Day/Year)				Director X Officer (giv below) Preside		0% Owner Other (specify c Fairs	
			nendment, Date Original Ionth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
NEW YOR	K, NY 10012							_X_ Form filed by Form filed by Person			
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Secu	rities Acc	quired, Disposed o	of, or Benefic	ially Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deeme Execution I any (Month/Day/Year)		Date, if Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	09/19/2017			А	2,720	А	\$ 38.6	38,074	D		
Common Stock	09/20/2017			F	282 <u>(1)</u>	D	\$ 38.61	37,792	D		
Common Stock								4,382	I	In 401(k)Plan.	

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 (9-02) required to respond unless the form

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# 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)

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 of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	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)	\$ 38.6	09/19/2017		A	23,468	(2)	09/19/2027	Common Stock	23,468

### **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
Boyko Alan J C/O CORPORATE SECRETARY, SCHOLASTIC CORP 557 BROADWAY NEW YORK, NY 10012			President, Schl Book Fairs			
Signatures						
Alan J. Boyko, by Teresa M. Connelly, Attorney-in-fact	09/21/2017					
**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 670 restricted stock units.
- (2) 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.