FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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* ANDREWS CHARLES ELLIOTT | | | | | | 2. Issuer Name and Ticker or Trading Symbol SLM CORP [SLM] | | | | | | | | | (Check all app Direct | | olicable) | | Issuer Owner (specify |
|--|---|--|--|---------|--|---|-------|------|-----------------|-----------------------------------|--------------------|---|-----------------|--|--------------------------|--|---|---|--|
| (Last) 12061 BI | (Last) (First) (Middle) 12061 BLUEMONT WAY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/27/2005 | | | | | | | | | X | belov | w) `` | belov ice Presiden | v)` |
| (Street) RESTON VA 20190 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | | Zip) | n_Deriv | ativo | Sor | ritia | | quired | Die | nosed o | of or | Bon | ofici | ially (| | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | action | 2A. Deemed Execution Date, | | | 3. Trans | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | 5. Am Secur Benef Owne | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | mount (A) or (D) | | Pric | e | Reported Transaction(s) (Instr. 3 and 4) | | | (11150.4) |
| Common Stock 01/27/ | | | | | //2005 | | | | A | | 6,141 | | A | \$50 | 0.75 | 4 | 1,802 | D | |
| Common Stock 01/27/ | | | | | //2005 | 2005 | | | A | | 985(1) | | A | \$ | \$0 | | 12,787 | D | |
| Common Stock 01/29/ | | | | | /2005 | 2005 | | F | | 383 | _ | D | \$49.78 | | 42,404 | | D | | |
| Common Stock | | | | | | | | | | | | | | | | E | 525.23 | I | By 401(k) |
| 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. Deem Execution if any (Month/Da | Date, | | ransaction ode (Instr. | | of I | | Exerci: on Dai Day/Ye | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | Deriv Secu (Inst | rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | | Expiration Date | Title | or Nur of | ount mber ares | | | | | |

Explanation of Responses:

1. These shares vest one year from grant date provided that the reporting person maintains an election in company stock and status as an active employee.

Remarks:

By: Mary F. Eure (POA)

01/31/2005

** 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.