FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

viasimigion, D.C. 20045	

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average by	urden								

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response: 0.5 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* SHAPIRO STEVEN L					2. Issuer Name and Ticker or Trading Symbol SLM CORP [ SLM ]									(Ched	ck all applica	nship of Reporting Person(s) to Issuer I applicable)				
SHAFIKO STEVEN E													X	Director			10% Ov	vner		
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)							1	Officer ( below)	give title		Other (s below)	specify			
11600 SALLIE MAE DRIVE					03/13/2003															
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)							,		3		(	,		Line)			3	( 1-1-		
RESTON	v.	A	20193											X	Form fil	ed by One	Repo	rting Persor	۱	
-													Form filed by More than One Reporting Person							
(City)	(S	tate)	(Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of	Security (Inst	tr. 3)	2.	. Transactio	on	2A. De	emed		3.		4. Securiti	es Acquire	d (A	) or	5. Amoun	t of	6. Ow	nership	7. Nature of	
Date			ate Month/Day/	Vear)	Execution Date if any (Month/Day/Ye		ıte,	te, Transaction Code (Instr		Disposed (	Of (D) (Instr. 3, 4		4 and	Securities Beneficia				Indirect Beneficial		
			nontin bay							"				Owned Fo			str. 4)	Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D)		Price		nsaction(s) str. 3 and 4)			(instr. 4)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
											onvertib				,,,,,ou					
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Number		6. D	6. Date Exercisable and		7. Title and			8. Price of	9. Numbe	er of	10.	11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date		action (Instr.						Amount of Securities			Derivative Security	derivative Securities			of Indirect Beneficial		
(Instr. 3)	Price of Derivative		(Month/Day/Yea		(1115411			(	Und			Underlyir	Underlying		(Instr. 5)	Beneficia		ally	Ownership	
	Security					(A) or	r		Derivative Se (Instr. 3 and 4							Owned Following		or Indirect (Instr. 4)		
							Disposed of (D)									Reported Transaction(s)				
							str. 3, 4								(Instr. 4)					
				-	1	dilu s	, 			Т		-	ΙΔr	nount						
													or							
								Date	-		piration		of							
				Code	V	(A)	(D)	Exe	rcisable	Da	ate	Title	Sh	nares						
Phantom Stock Units	\$0 <sup>(1)</sup>	09/19/2003	09/19/2003	A		34.5		08/0	08/1988 <sup>(2)</sup>	08	3/08/1988 <sup>(2)</sup>	Common Stock	3	34.5	\$0 <sup>(1)</sup>	8,081.6	7 <sup>(3)</sup>	D		

## **Explanation of Responses:**

- 1. Conversion or Exercise Price of Derivative Security is 1 to 1.
- 2. Phantom Stock Units accrued under the Director Deferred Compensation Plan are to be settled in the Company's common stock upon the reporting person's separation from service.
- 3. Ending period holdings reflect the net effect of a 3-for-1 stock split declared on June 20, 2003.

Mary F. Eure (POA) 09/23/2003

\*\* 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.