FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB AP | PROVAL | | | | | | |
|-------------|-------------|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | |
| Expires: | December 31 | | | | | | |

0.5

Estimated average burden

hours per

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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|---|---|--|---|---------------------------------|---|------|---|-------------|--|-----|---------------------|---|--|---|---|---|--|--|--|
| 1. Name and Address of Reporting Person* <u>LEVINE ROBERT R</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol SLM CORP [SLM] | | | | | | | | | elationship c eck all applic Directo | able) | g Pers | on(s) to Issu 10% Ov | | |
| (Last) | (F | irst) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/20/2003 | | | | | | | | | below) | er (give title v) xecutive Vice | | Other (specify below) President | | |
| (Street) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (City) | (State) (Zip) | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | - 1 | |
| | | Ta | ble I - Non | n-Deriva | tive S | ecur | ities / | Acqı | uired, I | Dis | posed of | , or Ben | eficiall | y Owned | | | | | |
| Date | | | | 2. Transac Date (Month/Da | Execution Da | | | , | | | | es Acquirec Of (D) (Instr | | 5. Amour Securitie Beneficia Owned F | s Illy ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 a | on(s) | | | (Instr. 4) | |
| | | | Table II - I (| | | | | | | | sed of, onvertib | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/\) | ate, Trar Cod | 4. Transaction Code (Instr. 8) | | 5. Number of 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 Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Cod | e V | (A) | (D) | Date Exe | e rcisable | | piration tte | Title | Amount or Number of Shares | | | | | | |
| Phantom | (1) | | | | | | | | (2) | | (2) | Common | | 4.00 | | (2) | | | |

08/08/1988⁽²⁾

08/08/1988⁽²⁾

Explanation of Responses:

0(1)

Stock

Units

1. Conversion or Exercise Price of Derivative Security is $1\ \mathrm{to}\ 1.$

06/20/2003

- 2. Phantom Stock Units accrued under the Supplemental 401k Plan are to be settled in cash and/or the Company's common stock upon the reporting person's retirement from the company.
- 3. In addition, the reporting person holds 137,352 shares directly and 3,995.37 indirectly (401K plan).

06/23/2003 Mary F. Eure (POA)

** Signature of Reporting Person

4.36

Stock

Date

\$₀⁽¹⁾

2,051.43⁽³⁾

D

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

06/20/2003

- * 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.