FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0104 | | | | | | |
| Estimated average burden | | | | | | | |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| REMONDI JOHN F | | | Date of Event equiring Stater Month/Day/Yea 1/08/2008 | nent | 3. Issuer Name and Ticker or Trading Symbol SLM CORP [SLM] | | | | | | |
|---|------------------|--|--|--|--|---|--------------------------------------|---|---|--------------------------|--|
| (Last) | (First) | (Middle) | 101/00/2000 | | Relationship of Reporting Persi (Check all applicable) Director | rson(s) to Issuer 10% Owner Other (specify below) | | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | | |
| | | | | | X Officer (give title below) | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | |
| (Street) | | | | Vice Chairman ar | ıd CFO | | X Form filed by One Reporting Person | | | | |
| RESTON | VA | 20190 | | | | | | | Form filed by Reporting Pe | y More than One erson | |
| (City) | (State) | (Zip) | | | | | | | | | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | | | 2. Amount of Securities Beneficially Owned (Instr. 4) | | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| Common Stock | | | | | 282,329 | D | | | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | |
| · · · · · · · · · · · · E | | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | d 3. Title and Amount of Securities Underlying Derivative Security (Ins | | 4. Convers or Exerc | ersion ercise | 5. Ownership Form: Direct (D) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | |
| | | | Date Exercisable | Expiratior Date | n Title | Amount or Number of Shares | Derivati Security | ve | or Indirect (I) (Instr. 5) | | |
| Put Option (Ob | oligation to Buy | 7) | (1) | 07/18/2008 | Common Stock | 9,800 | 40 | | D | | |

Explanation of Responses:

1. The holder of the option may exercise at any time.

Remarks:

01/1<u>6/2008</u> By: Mary F. Eure (POA)

** 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 5 (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.