FORM 4

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

XIIIE3 <i>F</i>	AND EXCHANGE	COMMISSIO
\	D 0 00540	

Washington, D.C. 20549

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

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Check this box to indicate that a
transaction was made pursuant to a
contract, instruction or written plan
for the purchase or sale of equity
securities of the issuer that is
intended to satisfy the affirmative

defense conditions of Rule 10b5-

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(0). 30	ee instruction i	U.																				
Name and Address of Reporting Person*     Manvitz Ted					2. Issuer Name <b>and</b> Ticker or Trading Symbol SLM Corp [SLM]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner								
<u>ivianvitz red</u>														V	Direc	tor		10% O	wner			
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 09/18/2024									Office below	er (give title /)		Other (: below)	specify			
300 CONTINENTAL DRIVE																						
	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable												
(Street)																Line)						
NEWAR	K DI	1	9713											V	_	filed by On		Ū				
														Form filed by More than One Reporting Person								
(City)	(St	ate) (Z	Zip)												1 0130	,,,						
						_																
		Table	I - No	on-Deriva	tive S	Secui	rities	Acc	uired	l, Dis	posed of	, or E	Benefi	cial	ly Own	ed						
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/						Execution Date,			3. 4. Securities Acquired Disposed Of (D) (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) o	Pric	е	Transact (Instr. 3 a				(Instr. 4)			
Common Stock 09/18/20						024			A		1,121(1)	A	\$	0	45,344	.5118(2)(3)		D				
		Tal	ble II ·	- Derivati	ve Se	curit	ties /	Acqu	ired,	Disp	osed of,	or Be	nefic	ally	Owned	d	-	'				
				(e.g., pu	ıts, ca	alls, v	warra	ants,	optio	ns, o	convertib	le se	curitie	es) ¯								
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, n/Day/Year)		Transaction Code (Instr. 8)		mber rative rities sired r osed ) r. 3, 4	Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		D S (I	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amour or Number of Shares	r								

## **Explanation of Responses:**

- 1. Represents a grant of shares of SLM Corporation's Common Stock (the "Shares") received in lieu of the reporting person's quarterly cash retainer and respective committee fees. The per share value of the Shares was equal to the closing sales price per share as of the grant date.
- 2. Includes Dividend Equivalent Units issued in connection with Restricted Common Stock held by the reporting person.
- 3. Includes Shares acquired under a dividend reinvestment plan.

## Remarks:

/s/ Jeffrey Lipschutz (POA) 09/20/2024 for Ted Manvitz

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.