SEC Form 4	
------------	--

# FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

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

hours per response: 0	Estimated average burden	
	hours per response:	0.5

1. Nume and Address of Reporting reison			2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>SLM Corp</u> [SLM]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/06/2020	x	Director Officer (give title below) EVP & Chief Admir	10% Owner Other (specify below) 1 Officer		
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	idual or Joint/Group Filing (	Check Applicable		
(Street) NEWARK	DE	19713		X	Form filed by One Report Form filed by More than (	0		
(City)	(State)	(Zip)			Person	- · · - · · · · · · · · · · · · · · · ·		

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 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 (Instr. 4)	
			Code	v	Amount	Amount (A) or Price		Transaction(s) (Instr. 3 and 4)		(1150. 4)	
Common Stock	02/06/2020		F		1,012(1)	D	\$11.24	201,785.3592(2)	D		
Common Stock								<b>O</b> (3)	Ι	Supplemental 401(k) Savings Plan	

### 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. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed	6. Date Exerc Expiration Da (Month/Day/Y	ate	7. Title Amour Securi Underl Deriva Securi and 4)	nt of ties ying tive ty (Instr. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

#### Explanation of Responses:

1. Represents shares of the Company common stock required to be withheld to satisfy the reporting person's tax withholding obligations.

2. Includes dividend equivalent units in connection with restricted stock units granted under the SLM Corporation 2012 Omnibus Incentive Plan.

3. The Company is currently in the process of divesting the shares held in the SLM Stock Fund offered in the Company's 401(k) Savings and Supplemental 401(k) Savings Plans. Accordingly, all 24,145.536 shares of the SLM Stock Fund that Mr. Thome held in the Sallie Mae Supplemental 401(k) Savings Plan were divested on February 7, 2020.

**Remarks:** 

#### /s/ Jeffrey Lipschutz (POA) for 02/10/2020 Paul F. Thome

\*\* 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.