FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | | |
|---|---------------------|----------|--|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-028 | | | | | | | | | |
| - | Estimated average t | burden | | | | | | | | | |

0.5

hours per response:

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

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* <u>DIEFENDERFER WILLIAM M III</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol SLM CORP [SLM] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|--|--|--------------------|---------------|--|----------|-------------------------------------|---|----------|---------------------------|--|------------------|---|---|--|----------------|--|---------------------------------------|--|
| | | | | | 15. | | | | | | | | | | C Director | or | 10% Owne | | vner | |
| (Last) 12061 B | (Fi | , | (Middle) | | | Date 0 /22/2 | | Trans | saction (Mo | nth/[| Day/Year) | | | Officer (give title below) | | Other (s below) | specify | | | |
| (Street) RESTON | | | 20190 | | _ 4. I _ | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. In Line | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | n-Deri | vativ | e Se | curities | s Ac | quired, I | Dis | osed o | f, or B | enet | ficiall | y Owned | <u> </u> | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispose Code (Instr. 5) | | Disposed | ties Acqu d Of (D) (li | red (/ str. 3 | A) or , 4 and | 5. Amou Securitie Beneficie Owned F Reported | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | V | Amount | (A) (D) | or | Price | Transact (Instr. 3 | ion(s) | | | (IIISU: 4) | | |
| Common | Stock | | | 05/2 | 22/200 | /2009 | | | A | | 9,100 | 9,100 ⁽¹⁾ A | | \$ <mark>0</mark> | 78,601 | | | D | | |
| | | - | Гable II - | | | | | | uired, Di | | | | | | 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 D if any (Month/Day/ | ate, Trans Code | | | of | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | | 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s ully | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | expiration Date | Title | or Nu of | ımber | | | | | | |
| Stock Option (Right to Buy) | \$5.77 | 05/22/2009 | | | A | | 26,000 | | (2) | 0 | 5/22/2019 | Commo Stock | ¹ 26 | 5,000 | \$0 | 26,00 | 0 | D | | |

Explanation of Responses:

- 1. Vest two years from grant date.
- 2. Exercisable upon the Company's common stock having a closing price on the New York Stock Exchange of \$6.92 for five trading days or on the fifth anniversary of the grant (May 22, 2014), whichever is

Remarks:

By: Carol R. Rakatansky (POA)

05/27/2009

** 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.