FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| ı | hours per response: | 0.5 | | | | |

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

| 1. Name and Address of Reporting Person* NEWMAN HOWARD H | | | | | | 2. Issuer Name and Ticker or Trading Symbol SLM CORP [SLM] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|---|--|--|---------|---|---|---|-----|---|------|--|---------|--------------------------|--|---|--|---|--|--|--|--|
| INE VVIV | IAN HU | WAKD II | | | | | | | | | | | C Director | r | | 10% Ov | /ner | | | | |
| (Last) (First) (Middle) 12061 BLUEMONT WAY | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/22/2009 | | | | | | | | | | | | Other (s below) | pecify | | |
| | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) RESTON VA 20190 | | | 20100 | | | Line) X Form filed by One Reporting F | | | | | | | | | | | | orting Perso | n | | |
| , | V 1 | | _ | | | | | | | | | | Form f Persor | | re thar | han One Reporting | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | 1 61301 | | | | | | | | |
| | | Tak | le I - Noi | า-Deriv | vativ | e Se | curities | Acq | uired, [| Disp | osed o | f, or E | Bene | eficially | y Owned | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Da | | | | | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | (A) or 3, 4 and | 5. Amou Securitie Beneficia Owned F Reported | s ally following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | V | Amount | (A |) or) | Price | Transact (Instr. 3 | ion(s) | | | (| | |
| Common Stock 05/22/ | | | | | | | 2009 | | A | | 9,100 ⁽¹⁾ A | | A | \$0 | 11,500 | | | D | | | |
| | | - | Table II - | | | | | | | | sed of, onvertil | | | | Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exe Expiration Month/Day | Date | of Securi | | irities ying ive S | ecurity | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | | Date Exercisable | | expiration | Title | N O | Amount or Number of Shares | | | | | | | |
| Stock Option (Right to | \$5.77 | 05/22/2009 | | | A | | 26,000 | | (2) | 0 | 5/22/2019 | Comm | | 26,000 | \$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 earlier.

<u>By: Carol R. Rakatansky</u> (<u>POA</u>) <u>05/27/2009</u>

** 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.