

# SKILLSOFT CORP.

# Reported by **HOVSEPIAN RONALD W**

#### FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 07/18/25 for the Period Ending 07/16/25

Address 300 INNOVATIVE WAY

**SUITE 2210** 

NASHUA, NH, 03062

Telephone 603-821-3902

CIK 0001774675

Symbol SKIL

Fiscal Year 01/31



## FORM 4

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

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

OMB APPROVAL
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# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *				2. I	2. Issuer Name <b>and</b> Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
HOVSEPIA	N RONA	LD W					orp. [ SK							X Director	,	100	6 Owner		
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)									XOfficer (give title below)Other (specify below)					
C/O SKILLS INNOVATIV			)				7/1	6/20	)25				C	EO & Exec	utive Cha	nir			
INTOVATIV	(Stre			4. I	f An	nendme	ent, Date O	rigin	nal Fil	ed (MM/	/DD	/YYYY	) 6	. Individual o	or Joint/G	roup Filing	(Check Appl	icable Line)	
NASHUA, NH 03062													_2	X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
(C	ity) (Sta	te) (Zip)	)																
		,						•	-					cially Owne			l.	l	
1. Title of Security (Instr. 3)			rans. Date	Date 2A. Deen Execution Date, if a		n (Instr. 8)		or Dispos		posed of (D)		Following Reported Transaction(s)  Ownership of Indi Benefic Direct (D)  Ownership of Ownership of Indi Benefic Owner				Beneficial Ownership			
							Code	V	Amou	ınt (A)		Price					or Indirect (I) (Instr. 4)	(Instr. 4)	
Class A Common St	tock		7/	/16/2025			M		31,2	50 A	١.	\$0				202,997	D		
	Tab	le II - Deri	vative Se	curities l	Bene	eficially	Owned (	e.g.,	puts,	calls, v	var	rants,	opt	ions, conver	tible secu	ırities)			
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deeme Execution Date, if any	Code	Derivative		ve Securities d (A) or d of (D)		ate Exercisable Expiration Date		S	7. Title and A Securities Un Derivative Se (Instr. 3 and 4		Inderlying Derivati Security Security		f 9. Number of derivative Securities Beneficially Owned Following	10. Ownership Form of Derivative Security: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exer	cisable	Expiration Date		Title		Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect		
Restricted Stock Units	(1)	7/16/2025		М			31,250		(2)	(2)		Class Comm Stock	on	31,250	\$0	343,750	D		

#### **Explanation of Responses:**

- (1) Each restricted stock unit represents a contingent right to receive one share of Class A Common Stock of the Issuer.
- (2) The restricted stock units vest in 16 equal installments. The first installment vested on the grant date, with 15 subsequent installments vesting quarterly beginning October 16, 2024.

Reporting Owners

Panorting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
HOVSEPIAN RONALD W C/O SKILLSOFT CORP. 300 INNOVATIVE WAY #2210 NASHUA, NH 03062	x		CEO & Executive Chair						

#### **Signatures**

/s/ John Frederick, as attorney-in-fact for Ronald W. Hovsepian

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 control number.