

(Print or Type Responses)

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

| OMB APPROVAL | | | | | |
|--------------------------|-----------|--|--|--|--|
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| nours per response | | | | | |

INITIAL STATEMENT OF 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

| Name and Address of Reporting Person * Schmitt Peter | | | 2. Date of Event Requiring Statement (Month/Day/Year) -06/11/2021 | | | | 3. Issuer Name and Ticker or Trading Symbol Skillsoft Corp. [SKIL] | | | | | |
|--|------------------------|---|---|--|---------|--|---|---|---|---|--|--|
| C/O SKILLSOFT | | (Middle) | 100/11/2 | .021 | | Issuer (Check | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director _ Officer (give title below) Check all applicable) _ 10% Owner _ Other (specify below) | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | | |
| NASHUA, NH 0 | (Street) | | | | | Officer (give ti | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | |
| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Beneficially Owned | | | | | | wned | | | |
| 1. Title of Security (Instr. 4) | | | 2. Amount of Securities Beneficially Owned (Instr. 4) | | | | Form | : Direct or Indirect | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| Reminder: Report on | Persons v unless th | who respond e form displa | I to the cays a cur | ollection or rently vali | of info | ed directly or indirectly. ormation contained in B control number. | | | · | | | |
| 1. Title of Derivative Security 2. (Instr. 4) | | Date Exercisable d Expiration Date onth/Day/Year) | | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | | ve or Pri | 4. Conversion | 5. Owners Form of Derivative Security: 1 | nership of ative | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | |
| | | Da Ex | ate ercisable | Expiration Date | Title | Amount or Number of Shares | Se | (I) | (D) or Indirect (I) (Instr. 5) | | | |
| Reporting | Owners | | | | | | | | | | | |

| | Relationships | | | | | |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Schmitt Peter C/O SKILLSOFT CORP. 300 INNOVATIVE WAY #201 NASHUA, NH 03062 | X | | | | | |

Signatures

| /s/ Peter Schmitt | 06/14/2021 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, see Instruction 5(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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.