FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| 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* Sims Zachary | | | | | 2. Issuer Name and Ticker or Trading Symbol Skillsoft Corp. [SKIL] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|---|---|--|--|--|--|------|--|--------|--|-------|------------------|---|------------------------------|---|---|--|--|--|--|--|
| (Last) C/O SKILLSO | (First) | (M | (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2022 | | | | | | | | | X Officer (give title below) GM TECH & DEV, | | | pecify DEMY | |
| 300 INNOVATIVE WAY #201 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | - 1 | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) NASHUA | NH | 03 | 03062 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (State) | (Z | ip) | | | | | | | | | | | | | | | | | |
| | | Ta | able I - Nor | n-Deriv | vativ | e Se | curiti | es Acq | uired, D | isp | osed o | f, or B | Benefic | ially Ow | ned | | | | | |
| D | | | | 2. Transaction Date (Month/Day/Year) | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispos | | | | quired (A) (Instr. 3, | | 5. Amount Securities Beneficially Following F | y Owned or li Reported (Ins | | : Direct (D) lirect (I) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Class A Common Stock 10/0 | | | | | 01/2022 | | | M | | 8,828 | | A | \$ <mark>0</mark> | 3,866,136 | | | D | | | |
| Class A Common Stock 10/0 | | | | 10/01 | /01/2022 | | | | F | | 3,557(1) | | D | \$1.83 | 3,862,579 | | | D | | |
| | | | Table II - I | | | | | | red, Dis options, | | | | | | ed | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Dat if any (Month/Day/Yo | Co | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amour Securities Underly Derivative Security 3 and 4) | | erlying | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported | e Owne s Form: ally Direct or Ind g (I) (Ins | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Co | ode V | | (A) (D) | | | | xpiration ate | Title | Amou or Numb of Sha | | | Transaction(: (Instr. 4) | | 5) | | |
| Restricted Stock Units | (2) | 10/01/2022 | | 1 | М | | | 8,828 | (3) | | (3) | Com | ss A nmon ock | 8,828 | \$0 | 282,52 | 20 | D | | |

Explanation of Responses:

- 1. Represents shares withheld by the Issuer to satisfy tax withholding obligations upon vesting.
- 2. Each restricted stock unit represents a contingent right to receive one share of Class A common stock of the Issuer.
- $3.\ The\ restricted\ stock\ units\ vest\ in\ 38\ equal\ monthly\ installments\ beginning\ on\ May\ 1,\ 2022.$

/s/ Sarah A. Mussetter, as attorney-in-fact for Zachary Sims

10/03/2022

** 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.