

(Print or Type Responses)

1. Name and Address of Reporting Person*

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

| OMB APPROVAL | | | | |
|--------------------------|-----------|--|--|--|
| OMB Number: | 3235-0104 | | | |
| Estimated average burden | | | | |
| nours per response 0.5 | | | | |

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

3. Issuer Name and Ticker or Trading Symbol

2. Date of Event Requiring

| HOVSEPIAN RONALD W | | | Statement (Month/Day/Year) | | Skillsoft Corp | Skillsoft Corp. [SKIL] | | | |
|--|-------------------------|---------------------------------------|--|---------------------------------|--|------------------------|---|--|--|
| (Last) C/O SKILLSOFT INNOVATIVE V | | (Middle) | — 06/11/2021 — | | 4. Relationship of Issuer (Check | Reporting Person | Filed(Mon | 5. If Amendment, Date Original Filed(Month/Day/Year) | |
| NASHUA, NH 0 | (Street) 3062 | | | | Officer (give title below) | | 6. Individ | lual or Joint/Group Filing(Check Line) iled by One Reporting Person led by More than One Reporting Person | |
| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Beneficially Owned | | | | | wned | |
| 1.Title of Security (Instr. 4) | | | Ве | Amount of eneficially (nstr. 4) | Owned | 1 | 4. Nature of Indire (Instr. 5) | ect Beneficial Ownership | |
| Reminder: Report on | Persons v unless the | who respond to t e form displays a | he collection of currently val | of informa | ation contained in t | | · | | |
| 1. Title of Derivative Security (Instr. 4) | | | Exercisable biration Date ay/Year) | | nd Amount of s Underlying Derivativ | Price of Derivative | 5. Ownership Form of Derivative Security: Direct | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| | | Date Exercise | Expiration Date | Title Am | nount or Number of | Security | (D) or Indirect (I) (Instr. 5) | | |
| | | | | | | | | | |

Reporting Owners

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

Signatures

| /s/ Ronald W. Hovsepian | 06/15/2021 |
|---------------------------------|------------|
| **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.