SCRIPPS E W CO /DE

Form 4

January 28, 2015

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

burden hours per

Estimated average response...

OMB APPROVAL

if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940

See Instruction 1(b).

(Last)

\$.01 par value per

(Print or Type Responses)

1. Name and Address of Reporting Person * Scripps Eaton M

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

SCRIPPS E W CO /DE [SSP]

(Check all applicable)

C/O MIRAMAR SERVICES. INC., 250 GRANDVIEW AVE.,

(First)

SUITE 400

3. Date of Earliest Transaction

(Month/Day/Year) 01/27/2015

_X__ 10% Owner Director _ Other (specify Officer (give title below)

(Middle)

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

FT. MITCHELL, KY 41017

(City)	(State)	(Zip) Tabl	le I - Non-D	Derivative S	Securi	ities Acqu	iired, Disposed of	f, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)		5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I)	Direct Beneficial Ownership et (I) (Instr. 4)		
Common Voting			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	
Shares, \$.01 par value per share	01/27/2015		P	82,651	A	\$ 16.72 (1)	617,317	D	
Class A Common Shares,							655,472	D	

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share

Class A Common Shares,

Through I 37,450 \$.01 par **GRAT**

value per share

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	.	ate	7. Tit Amou Under Secur (Instr	int of lying	8. Price of Derivative Security (Instr. 5)	
				Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Keiauonsnips					
	Director	10% Owner	Officer	Other		
Scripps Eaton M C/O MIRAMAR SERVICES, INC. 250 GRANDVIEW AVE., SUITE 400 FT. MITCHELL, KY 41017		X				

Signatures

/s/ Tracy Tunney Ward on behalf of Miramar Services, Inc. as Attorney-In-Fact for Eaton M. Scripps

01/28/2015

9. Nu

Deriv

Secu

Bene Own Follo Repo Trans (Insti

**Signature of Reporting Person

Date

Reporting Owners 2

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Explanation of Responses:

- * 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).
- (1) The price reported in column 4 was set on October 27, 2014, using a formula based on the average closing market price of the previous 15 trading days in accordance with the Scripps Family Agreement, to which the reporting person is a signatory.

Remarks:

The reporting person may be deemed to have shared voting power with respect to more than 10% of the Class A Common Share. 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.