E.W. SCRIPPS Co Form 4 March 14, 2016

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

3235-0287 Number:

Expires:

5. Relationship of Reporting Person(s) to

Issuer

January 31, 2005

0.5

Estimated average burden hours per

response...

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations

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 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

Symbol

1(b).

value per

(Print or Type Responses)

SCRIPPS EDWARD W

1. Name and Address of Reporting Person *

may continue.

See Instruction

			E.W. SCRIPPS Co [SSP]			(Check all applicable)				
(Last) (First) (Middle) C/O MIRAMAR SERVICES, INC., 250 GRANDVIEW AVE., SUITE 400			3. Date of Earliest Transaction (Month/Day/Year) 03/11/2016					Director Officer (give title below) Other (specify below)		
(Street) 4. If Amer			ndment, Date Original				6. Individual or Joint/Group Filing(Check			
	Filed(Month/Day/Year)						Applicable Line) _X_ Form filed by One Reporting Person			
FT. MITCHELL, KY 41017								Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Acq	uired, Disposed o	of, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Yo	ear) Execution	emed on Date, if /Day/Year)	3. Transactic Code (Instr. 8)	4. Securition(A) or Dis (Instr. 3, 4)	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Class A Common Shares, \$.01 par value per share	03/11/2016			M	10,661	A	\$ 8.78	10,661	D	
Class A Common Shares, \$.01 par								662,593 (1)	I	By GRAT

share

Common

Voting

Shares, \$.01 par By 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 information contained in this form are not required to respond unless the form displays a currently valid OMB control

SEC 1474 (9-02)

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. Transactic Code (Instr. 8)	Secu Acqu or Di (D)	rities uired (A) isposed of r. 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option	\$ 8.78	03/11/2016		M		10,661	05/04/2007	05/03/2016	Class A Common Shares	10,661
Option	\$ 8.14						04/26/2008	04/25/2017	Class A Common Shares	10,661

Reporting Owners

FT. MITCHELL, KY 41017

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
SCRIPPS EDWARD W				
C/O MIRAMAR SERVICES, INC.		X		
250 GRANDVIEW AVE., SUITE 400		Λ		

Reporting Owners 2

Relationships

Signatures

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

03/14/2016

**Signature of Reporting Person

Date

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) These shares were previously reported as directly beneficially owned, but were contributed on September 4, 2015, to a grantor-retained annuity trust of which the reporting person is trustee.

Remarks:

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

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