FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

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*     Mehta Nishat	2. Date of Event Requiring Statement (Month/Day/Year) 05/06/2024  3. Issuer Name and Ticker or Trading Symbol E.W. SCRIPPS Co [ SSP ]								
(Last) (First) (Middle) 312 WALNUT STREET			4. Relationship of Reporting Issuer (Check all applicable)	, ,		5. If Amendment, Date of Original Filed (Month/Day/Year)			
28TH FLOOR	_		X Director Officer (give title below)	10% C Other below	(specify	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(Street) CINCINNATI OH 45202	-		uue below)	bclow					
(City) (State) (Zip)									
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)			. Amount of Securities Beneficially Owned (Instr. )			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Class A Common Shares			0	D					
Common Voting Shares			0	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
Title of Derivative Security (Instr. 4)     Expiration Date (Month/Day/Year)		ate	d 3. Title and Amount of Securit Underlying Derivative Security (Instr. 4)		urity Convers		cise Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security		Direct (D) or Indirect (I) (Instr. 5)	5)	

**Explanation of Responses:** 

/s/ William Appleton

05/06/2024

\*\* Signature of Reporting

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 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.

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.